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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000001	C	CITY OR TOWN NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CINDY'S PLACE	E INC.	
DOING BUSINESS A Ginger Root Chi	inese Cuisine	
ADDRESS 136 ADAMS ST.		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02458
MANAGER: PARLEE, TY CYNTHIA T.	PE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	L ADDRESS
DESCRIPTION OF LICENSED PREM		
FIRST FLOOR RESTAURANT AND I STORES,ONE FRONT ENTRANCE. C OPENING BETWEEN TWO ROOMS	CELLAR FOR STORAGE	E,TWO EMERGENCY DOORS ONE
I hereby certify and swear under penaltic	es of perjury that:	
1. the renewed license will be o	f the same type for the sa	me premises now licensed;
2. the licensee has complied wit	th all laws of the Commo	nwealth relating to taxes; and
3. the premises are now open for	r business (If not explain	below)
SIGNED BY		
	er or Authorized Corpora	te Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	nspector and the head o	rertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disapproved explain)		
DATE:		



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LICENSE NUI	MBER: 080000002		CITY OR TOW	N NEW ION		
APPLICATION	N FOR RENEWAL	: Annual	LICE	LICENSED FOR 2013		
		CLASS			YEAR	
DOING BUSIN	NESS A	TALY IN AMER.LDG.UM	MBERTO PRIMO 1	#1069		
ADDRESS 196	5 ADAMS ST.					
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02458		
MANAGER:	FRANCHI, GERARD	TYPE OF LICENSE: C	lub	CATEGORY:	All Alcohol	
EMAIL ADDR	ESS:					
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION	N OF LICENSED F	PREMISES:				
HALL,KITCHI	EN,BASEMENT F OM THE DRIVEW	STING OF FIRST FLOOR OR STORAGE,ONE FRO VAY, ONE EXIT IN REAR	NT ENTRANCE A	AND ONE EXI	T ON	
I hereby certify	and swear under p	enalties of perjury that:				
1. the 1	renewed license wil	ll be of the same type for th	e same premises no	ow licensed;		
2. the l	licensee has compli	ed with all laws of the Com	nmonwealth relating	g to taxes; and		
3. the 1	premises are now o	pen for business (If not exp	lain below)			
SIGNED BY	Individual,	Partner or Authorized Corp	oorate Officer			
DATE:			EL IDI OL	ZED IDENTIFICAT	TION NUMBER	
DATE.	TELF	EPHONE NUMBER:		YER IDENTIFICATI  Individual Social S		
			(21016) <u>2102</u>	marviduai 50ciai i	security (valider)	
Acts of 2004, s	signed by the build	we are in possession (1) the ding inspector and the heat icate of liquor liability ins	ad of the fire depa	rtment for the	e above	
Please Check Belo	ow:		LOCAL LICE	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)		-			
DATE:						
DAIL.						



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LICENSE NUMBER	: 080000005		CITY OR TOWN NEW	ION
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	C H GROUP LLC			
DOING BUSINESS	A APPETITO'S R	ESTAURANT		
ADDRESS 761 BEA	CON ST.			
CITY/TOWN: NEV	VTON	STATE: MA	ZIP CODE: 0245	9
MANAGER: TISD L., JF		PE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
CONNECTING ENT	RANCE IN A ON	E STORY BRICK BUS	NING ROOM AND LOUN SINESS BLDG. ONE FRO ERVICE ENTRANCE, CE	ONT
I hereby certify and s	wear under penaltie	es of perjury that:		
1. the renew	ed license will be o	f the same type for the	same premises now license	ed;
2. the license	ee has complied wit	th all laws of the Comm	onwealth relating to taxes;	and
3. the premis	ses are now open for	r business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:		FICATION NUMBER:
			(Note: <u>NOT</u> Individual S	ocial Security Number)
Acts of 2004, signed	by the building in	nspector and the head	certificate required by C of the fire department for ance required by Chapte	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING A By:	UTHORITY
Tr Tipe	,			
DATE:				



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LICENSE NUM	MBER: 080000006		CITY OR TOWN	NEWTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: CZ Enterprises, Inc NESS A Apgujung			
ADDRESS 111	4 BEACON ST.			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02461
MANAGER:	Wei, Zheng TYPl	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEIN OF LICENSED PREMIS		MAIL ADDRESS	
LOUNGEE,BA ROOM,ONE E	RESTAURANT IN A ON R,LOBBY,DINING ROOM MERGENCY EXIT FROM ENTRANCES,TWO REAF	M, BASEMENT FO I LOUNGE,ONE E	OR STORAGE, 3 EX NTRANCE FROM I	IITS FROM DINING PARKING LOT.
2. the l	renewed license will be of the licensee has complied with a premises are now open for be	all laws of the Com	nonwealth relating to	
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, s	signed, attest that we are i signed by the building insp and (2) the certificate of l	pector and the head	d of the fire departi	ment for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER	R: 080000007		CITY OR TOWN	NEWTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS		,	YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1150 BE		INC.			
CITY/TOWN: NEV	WTON	STATE: MA	ZIP CODE:	02461	
MANAGER: JOE,	RONALD TYP	PE OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1ST FLR RESTAUF FROM PARKING L ADJOINING STOR	PLEASE ALSO VISIT OUR WE LICENSED PREMIS RANT IN A ONE STO OT,1 SERVICE ENT ES WITH KITCHEN O OPEN TO EACH O	SES: ORY BLDG. 2 FRO FRANCE FROM PA FAND RESTROOM	NT ENTRANCES,2 ARKING LOT, 2 CO IS, ONE FLOOR, 2	ONNECTING DINING ROO	
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties red license will be of the ee has complied with ses are now open for	the same type for the	monwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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LICENSE NU	MBEK: 080000008		CITY OR TOWN NEWTON	
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE N	AME: SOVEREIG	N ENTERTAINMENT LL	c	
DOING BUSI	NESS A AQUITAI	NE BIS		
ADDRESS 11	BOYLSTON ST.			
CITY/TOWN	: NEWTON	STATE: MA	ZIP CODE: 02467	
MANAGER:	BURNS, MATTHEW G.	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcol	hol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
MAIN DININ STORAGE A	G ROOM,RESTRO	OMS, KITCHEN AND STO	WITH FOOD AND BEVERAGE BAR, DRAGE AREA. ADDITIONAL DL ENTRANCE FROM REAR INTO	
I hereby certif	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now or	pen for business (If not expl	ain below)	
SIGNED BY		Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMB	
			(Note: NOT Individual Social Security Numl	ser)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chapter 304 of t d of the fire department for the above rance required by Chapter 116 of the Ac	
Please Check Bel APPROVED: DISAPPROVE	ED:		LOCAL LICENSING AUTHORITY By:	
~ ~	-			
DATE:				
DAIL.				



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LICENSE NUMBER: 080000009	(	CITY OR TOWN NEWTO	ON
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: LEGAL SEA DOING BUSINESS A ADDRESS 43R BOYLSTON ST.	AFOODS, LLC		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02467	
MANAGER: DIXON, JEFFREY	TYPE OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
	T ENTRANCE, REAR EXIT DINING AREA, OYSTER BA	ONTO SHOPPING MALL AR AND GRILL, KITCHEN	, FISH
2. the licensee has complied	enalties of perjury that:  I be of the same type for the seed with all laws of the Commonen for business (If not explain	onwealth relating to taxes; ar	nd
SIGNED BY Individual, I	Partner or Authorized Corpora	ate Officer	
DATE:	PHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
IELE	PHONE NUMBER:	(Note: NOT Individual Soci	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for t	the above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUI	MBER: 080000012		CITY OR TOWN	NEWTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: 199 INC. THE			
DOING BUSIN	NESS A PAPARAZZI			
ADDRESS 199	9 BOYLSTON ST.			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02467
MANAGER:	Andolfo, Hilary	ΓΥΡΕ OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PRE			
ADJOINING V ST. EXTENSION	VESTIBULE. ENT./EX	A FULL SERVICE REXIT ONTO PARKING ATTSIDE WALL A DISTA	AREA AT REAR OF	199 BOYLSTON
I hereby certify	and swear under penal	lties of perjury that:		
		e of the same type for the	-	
	=	with all laws of the Com	=	taxes; and
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:			EMPLOWED.	IDENTIFICATION NUMBER
DATE.	TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			(	Traduct Social Security Trainiest,
Acts of 2004,	signed by the building	g inspector and the head	d of the fire departn	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	i expianij			
DATE:				



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LICENSE NUMBER:	080000015		C	IIY OK IOW	N NEW ION		
APPLICATION FOR	RENEWAL:	Annual		LICI	LICENSED FOR 2013		
		CLA	SS			YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 295 CALI	Δ	Γ #440 BLD.	ASSN. II	NC.			
CITY/TOWN: NEW		STATE:	MA	ZIP CODE:	02458		
				ZIP CODE:	<u> </u>		
MANAGER: taranto	o, john TYPI	E OF LICEN	SE:Club		CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEE		YOUR EMAI	L ADDRESS			
BASEMENT AND FI ROOM,SPARE ROOI ROOM,KITCHEN,2 I COMMANDER'S RO ENT/EXITS	M,BRIDAL ROOM, LADIES ROOMS,2 I	CLOAK ROOMENS ROOM	OM,LOCI MS. 1ST I	KER ROOM, ( FLR; BALLR(	COMMUNITY DOM, GYM,		
I hereby certify and sv	vear under penalties o	of perjury tha	ıt:				
	d license will be of th			me premises n	ow licensed;		
2. the licensee	e has complied with a	all laws of the	e Commoi	nwealth relatin	g to taxes; and		
3. the premise	es are now open for b	usiness (If n	ot explain	below)			
SIGNED BY	Individual, Partner o	or Authorizec	l Corporat	e Officer			
DATE:	TELEPHONE	NUMBER:		EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:	
	TEEET HOLVE	TOWNER.		(Note: NOT	Individual Social S	Security Number)	
We the undersigned. Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and tl	ne head o	f the fire depa	rtment for the	above	
Please Check Below:				LOCAL LICE	NSING AUTH	ORITY	
APPROVED:	_			Ву:			
DISAPPROVED:							
(If disapproved explai	n)						
DATE:				-			



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LICENSE NU	MBER: 080000017	(	CITY OR TOWN NEWTON	
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE N	AME: NEWTON L	ODGE OF ELKS #1327 B.P	.O.E.	
DOING BUSI	INESS A			
ADDRESS 42	29 CENTRE ST.			
CITY/TOWN	: NEWTON	STATE: MA	ZIP CODE: 02458	
MANAGER:	CARUSO, WILLIAM JR	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
	N OF LICENSED PI			
	_		OOR OF A TWO STORY BLI E ON CENTRE AVE, REAR E	
I hereby certif	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	ame premises now licensed;	
2. the	licensee has complie	ed with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now op	en for business (If not explain	n below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpora	ate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	ecurity Number)
Acts of 2004,	, signed by the build	ing inspector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 116	above
Please Check Bel			LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	u expiaiii)			
DATE:				



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LICENSE NUMI	3ER: 080000019		CITY OR TO	WN NEWTON	
APPLICATION 1	FOR RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: SIAM GROUP, I	NC.			
DOING BUSINE	SS A AMARIN OF T	'HAILAND			
ADDRESS 285-8	37 CENTRE ST.				
CITY/TOWN: N	NEWTON	STATE: MA	ZIP CODI	E: 02458	
	OJANASUVAN TY AM	YPE OF LICENSE:Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				1
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
	OF LICENSED PREM				
ST,ANOTHER E		H 100 SEATS, MAIN 1 283 CENTRE ST WITH AREA			
I hereby certify a	nd swear under penalti	es of perjury that:			
1. the ren	newed license will be o	of the same type for the	same premises	now licensed;	
2. the lic	ensee has complied wi	th all laws of the Comn	nonwealth relat	ing to taxes; and	
3. the pre	emises are now open for	or business (If not expla	ain below)		
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:			EMDL	OVED IDENTIFICAT	CION NUMBER.
DATE.	TELEPHO	NE NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social S	
Acts of 2004, sig	gned by the building i	re in possession (1) the nspector and the head of liquor liability insu	l of the fire de	partment for the	above
Please Check Below:			LOCALLIC	ENSING AUTHO	ORITY
APPROVED:			By:	3110111	
DISAPPROVED					
(If disapproved ex	xplain)				
DATE:					



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LICENSE NUI	MBER: 080000020		CITY OR TOWN NE	EWTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PAPA RAZZI	TRATTORIA OF CHEST	ONUT HILL INC.	
DOING BUSIN	NESS A PAPA RAZZ	ZI		
ADDRESS 199	9 BOYLSTON STRE	ET		
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 02	2467
MANAGER:	McNAHON, HRISTOPHER JAMES	TYPE OF LICENSE: Res	taurant CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PR			
SIDE REAR E	XIT. FOYER, DININ	A TWO STORY BUILDIN G ROOM, BAR SEPARA OOMS, REAR CORRIDO DR PATIO.	TE KITCHEN, TWO R	ESTROOMS,
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises now licer	nsed;
2. the	licensee has complied	with all laws of the Comm	onwealth relating to tax	es; and
3. the	premises are now open	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPI	HONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Acts of 2004,	signed by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insur	of the fire department	t for the above
Please Check Belo	OW:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE	<u> </u>			
(If disapproved	i explain)			
DATE:				



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LICENSE NUMBER: 0	80000021	CIT	Y OR TOWN	NEWTON	
APPLICATION FOR R	ENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: E DOING BUSINESS A ADDRESS 1064 CHES	ECHO BRIDGE REST. &				
CITY/TOWN: NEWT		ATE: MA	ZIP CODE:	02464	
MANAGER: VIRGIL CLEME	LIO, TYPE OF L	ICENSE: Restaura		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL A	DDRESS		
DESCRIPTION OF LIC	CENSED PREMISES:				
REAR SERVICE ENTE EMERGENCY EXIT V	ANT IN A ONE STORY I RANCES, ONE REAR CI VITH NO ENTRANCE F INNECTING DOOR. RE	ELLAR ENTRAN ROM ST. CELLA	CE, ONE CUS	STOMER	
I hereby certify and swe	ear under penalties of perju	ry that:			
1. the renewed	license will be of the same	e type for the same	premises now	licensed;	
	has complied with all laws		=	taxes; and	
3. the premises	are now open for busines	s (If not explain be	elow)		
SIGNED BY	ndividual, Partner or Auth	orized Corporate	Officer		
DATE:	TELEPHONE NUM	BER:	EMPLOYER (Note: NOT Ind	R IDENTIFICATI	
Acts of 2004, signed b	attest that we are in poss y the building inspector the certificate of liquor	and the head of t	he fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)	LC By	OCAL LICENS	ING AUTHO	DRITY
DATE:		_			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	080000022		CITY OR TOWN	1 NEWTON	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1201-1205	THE BILTMORE	E			
CITY/TOWN: NEW	TON	STATE: MA	ZIP CODE:	02464	
MANAGER: OWEN	NS, JASON B. TYF	PE OF LICENSE: Re	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
Pl	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L' 1ST FLR RESTAURA REAR ENTRANCE F STORAGE	ANT IN TWO SEPA	ARATE ROOMS IN			,ONE
2. the licensee	d license will be of has complied with	the same type for the all laws of the Com business (If not expl	monwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the hea	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 0800	000024		CI	TY OR TOW	'N NEWTON	
APPLICATION FOR REN	IEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: TPC	NEWTON BEV	ERAGE, LI	LC			
DOING BUSINESS A BC	STON MARRIC	OTT NEWT	ON HOTE	EL .		
ADDRESS 2345 COMMO	NWEALTH AV					
CITY/TOWN: NEWTON	I	STATE:	MA	ZIP CODE:	02466	
MANAGER: MCKENN THOMAS	· · · · · · · · · · · · · · · · · · ·	OF LICENS	SE: Innholo	der	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICEN	NSED PREMISE	S:				
HOTEL CONSISTING OF FL.1 ON 2ND FL.OPEN A FLRS), INDOOR POOL, 4 SEASONAL TENT, MAIN PARKINGLOT, MDOVOL	ABOVE TO THE 130 GUESTS,CO I ENTRANCES T	3RD FL}M NCIERGE I TO EACH O	EETING I LOUNGE OF THE TV	ROOMS ( ON ON THE 7TH	N THE 2ND & 4 H FLOOR,PAT	ITH O WITH
I hereby certify and swear	under penalties of	f perjury tha	t:			
1. the renewed lice	ense will be of the	e same type	for the san	ne premises n	ow licensed;	
2. the licensee has	•				g to taxes; and	
3. the premises are	e now open for bu	isiness (If no	t explain l	below)		
SIGNED BY Indi	vidual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICAT Individual Social S	
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building inspe	ector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			F	Ву:		
DISAPPROVED:						
(If disapproved explain)			<del>-</del>			
			=			
DATE:			-			



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LICENSE NUMBER: 080000025		CITY OR TOWN	NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CHARLES RIVE	ER COUNTRY CLUB I	NC	
DOING BUSINESS A			
ADDRESS 483 DEDHAM ST.			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE:	02459
MANAGER: CHERDOUANE, T MOHAMED	YPE OF LICENSE: Club	CA CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
LOCKER BLDG CONSISTING OF A ENTRANCE, ONE REAR ENTRANCE STORAGE			
the licensee has complied with a second	ith all laws of the Comm	onwealth relating to in below)	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head	of the fire departm	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUI	MBER: 080000026	C	ITY OR TOWN	NEWTON
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
	AME: JOU WENG WON NESS A GREEN TEA RE			
ADDRESS 24				
CITY/TOWN:		STATE: MA	ZIP CODE:	02461
		PE OF LICENSE: Resta		ATEGORY: All Alcohol
EMAIL ADDR				
LIVII IIL I IDDIN		EBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
LOUNGE,KIT	RESTAURANT WITH AI CHEN,RESTROOMS AN ONE DELIVERY ENTRA	D BASEMENT FOR S	TORAGE. ONE F	RONT MAIN
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of		=	
	licensee has complied with		•	taxes; and
3. the j	premises are now open for	business (If not explain	below)	
SIGNED BY	Individual, Partner	or Authorized Corpora	te Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
Acts of 2004,	signed, attest that we are signed by the building in and (2) the certificate of	spector and the head o	f the fire departn	nent for the above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:				



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LICENSE NUI	MBER: 080000027	•	CITY OR TOWN	NEWTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
	AME: DUNN-GAHERIN'S			
DOING BUSI	NESS A DUNN-GAHERIN'	S		
ADDRESS 344	4 ELLIOT ST.			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02464
MANAGER:	GAHERIN, SEANA TYPE	OF LICENSE: Rest	aurant CA'	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PREMISE			
KITCHEN,ME	WOOD FRAME BLDG. FIF ENS AND LADIES ROOMS. D. ONE FRONT ENTRANCE STORAGE	APARTMENT ON	SECOND FLOOR	NOT
I hereby certify	and swear under penalties of	f perjury that:		
1. the	renewed license will be of the	e same type for the s	ame premises now li	icensed;
	licensee has complied with a		_	taxes; and
3. the	premises are now open for bu	ısiness (If not explai	n below)	
SIGNED BY				
BIOINED DI	Individual, Partner or	r Authorized Corpor	ate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	ridual Social Security Number)
Acts of 2004,	rsigned, attest that we are in signed by the building inspect and (2) the certificate of li	ector and the head	of the fire departm	ent for the above
Please Check Belo	DW:		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappioved	i Capiaiii)			
DATE:				



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LICENSE NUME	BER: 080000029		CITY OR TOWN	NEWTON	
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
DOING BUSINE	IE: O'HARA & SONS SS A PADDY O'S	II,INC.			
ADDRESS 095-9					
CITY/TOWN: N	<b>IEWTON</b>	STATE: N	IA ZIP CODE:	02465	
MANAGER: O	'HARA, KARL TYI	PE OF LICENSE	:Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS		
TWO STORY BI SECOND FLOOR	ESTAURANT AND LO LDG. ONE FRONT EN R,REAR SERVICE EN and swear under penalties	TRANCE ON EL FRANCE,BASEN	M ST, FRONT AND R	EAR STAIR	
•	newed license will be of		the same premises now	licensed:	
	ensee has complied with	• •			
	emises are now open for		_		
SIGNED BY					
	Individual, Partner	or Authorized Co	orporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social So	
Acts of 2004, sig	gned, attest that we are gned by the building ins and (2) the certificate of	spector and the l	nead of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
DATE.					



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LICENSE NU.	MBEK: 080000030		C	II Y OK TOWN	NEWION	
APPLICATIO:	N FOR RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NA	AME: BRAE BUR	N COUNTRY CLUE	3			
DOING BUSI	NESS A					
ADDRESS 32	6 FULLER ST.					
CITY/TOWN:	NEWTON	STATE:	MA	ZIP CODE:	02465	
MANAGER:	CUMMINGS, STEVEN PAUL	TYPE OF LICEN	SE:Club	(	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTIO:	N OF LICENSED P	REMISES:				
ROOMS,LIVI	3 STORY FRAME NG QUARTERS,LC , ONE EXIT,ONE S	UNGE GRILL ROC	M, ONE	MAIN ENTRA	NCE,TWO SI	
I hereby certify	y and swear under pe	nalties of perjury tha	t:			
1. the	renewed license will	be of the same type	for the sa	ne premises no	w licensed;	
2. the	licensee has complie	d with all laws of the	Commo	nwealth relating	to taxes; and	
3. the	premises are now op	en for business (If no	ot explain	below)		
SIGNED BY	Individual, I	Partner or Authorized	Corporat	e Officer		
DATE:	TELE	PHONE NUMBER:		EMPLOYI	ER IDENTIFICAT	TION NUMBER:
	11313	FIIONE NOMBER.			ndividual Social S	
Acts of 2004,	rsigned, attest that v signed by the build e and (2) the certific	ing inspector and th	e head of	the fire depar	tment for the	above
Please Check Belo	ow:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:				By:		
DISAPPROVI						
(If disapproved	d explain)					
DATE.						
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000031	CIT	Y OR TOWN	NEWTON	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: LONGWOOD CRICKET	CLUB			
DOING BUSINESS A				
ADDRESS 564 HAMMOND ST.				
CITY/TOWN: NEWTON STA	ATE: MA	ZIP CODE:	02467	
MANAGER: RATCLIFFE, JOHN TYPE OF I K.	ICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL AI	DDRESS		
DESCRIPTION OF LICENSED PREMISES:				
TWO STORY FRAME CLUBHOUSE AND CE ENTRANCE, SIX REAR EXITS	LLAR,TWO FROM	NT ENTRANC	ES,ONE SID	ĐΕ
I hereby certify and swear under penalties of perj	ury that:			
1. the renewed license will be of the sam	e type for the same	premises now	licensed;	
2. the licensee has complied with all law	s of the Commonw	ealth relating to	taxes; and	
3. the premises are now open for busines	s (If not explain be	elow)		
SIGNED BY	. 10	O 66"		
Individual, Partner or Autl	iorized Corporate (	Officer		
DATE				
DATE: TELEPHONE NUM	BER:	EMPLOYER (Note: NOT Indi	IDENTIFICATI	
		(1 tote: 1101 man	ividuai Sociai So	curry (value)
We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	and the head of tl	he fire departn	nent for the	above
Please Check Below:	LC	OCAL LICENS	ING AUTHO	RITY
APPROVED:	Ву	<b>7:</b>		
DISAPPROVED:				
(If disapproved explain)				
	_			
DATE:	_			



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LICENSE NUMBER: 080000032		CITY OR TOWN NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JUMBO SEAFO DOING BUSINESS A JUMBO SEAF		F NEWTON, INC
ADDRESS 10 LANGLEY RD.		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459
MANAGER: CHAN, T CATHERENCE	YPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
	TH FRONT ENTRANC	RESTROOM DINING AREA, E. ENTRANCE AND EXIT AT MAIN ND EXIT ONTO PARKING AREA ON
I hereby certify and swear under penalt	es of perjury that:	
1. the renewed license will be	of the same type for the s	same premises now licensed;
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open f	or business (If not explain	in below)
SIGNED BY Individual, Partr	er or Authorized Corpor	rate Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
/		
DATE:		



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LICENSE NUMBER: 08000	0033	CITY OR TOWN NEWTO	N
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SCOU	T AHEAD, LLC		
DOING BUSINESS A 51 L	INCOLN		
ADDRESS 51-53 LINCOLN	ST.		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02461	
MANAGER: FOURNIER, JEFFERY P.	TYPE OF LICENSE: Rea	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
BY WALL, SEPARATE KIT FRONT ENTRANCE AND STORAGE To inleude an ac additional restroom on the fir I hereby certify and swear un 1. the renewed licen 2. the licensee has co	ET FLOOR CONTAINING DINICHEN WITH RESTROOMS FOR WAITING ROOM. ONE EMERCONTAINING BETT BY THE STATE OF THE STA	OR PATRONS IN CELLAR AFGENCY DOOR. CELLAR FOR a with seating up to 25 patrons eating  same premises now licensed; monwealth relating to taxes; and	REA. ONE R and an
SIGNED BY Indivi	dual, Partner or Authorized Corpo	orate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Acts of 2004, signed by the	that we are in possession (1) th building inspector and the head certificate of liquor liability insu	d of the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 080000034		CITY OR TOWN	NEWTON
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 283 ME	A	PLAYERS, INC.		
			ZID CODE	02466
CITY/TOWN: NEV		STATE: MA	ZIP CODE:	02466
MANAGER: MIT	TON, DORIS TY	PE OF LICENSE: Ger pre	neral on CA mise	ATEGORY: All Alcohol
EMAIL ADDRESS:		EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF				
FRONT OF THE ST ON THE FIRST FLO PRIVATE FUNCTION	RUCTURE ON THE OOR. AB SHALL BE ONS OR THEATRIC	L BE EXERCISED IN E FIRST FLOOR AN E CONSUMED ANI CAL PERFORMANO	D WITHIN THE M. D SERVED IB SITE	AIN AUDITORIUM
I hereby certify and s	_	the same type for the	somo promisos nou	licancade
		all laws of the Comn	•	
	ses are now open for		_	tuxes, and
	bes are now open for	business (II not expir	iii below)	
	ses are now open for	business (if not expire	iii below)	
SIGNED BY		r or Authorized Corpo	· 	
			· 	
	Individual, Partner		orate Officer  EMPLOYER	IDENTIFICATION NUMBER:
DATE:  We the undersigne Acts of 2004, signed	Individual, Partner TELEPHON d, attest that we are d by the building in	r or Authorized Corporate NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indice certificate require	vidual Social Security Number)  d by Chapter 304 of the
DATE:  We the undersigne Acts of 2004, signenamed license and	Individual, Partner TELEPHON d, attest that we are d by the building in (2) the certificate of	r or Authorized Corporate NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indice certificate required lof the fire department of the fire departm	ividual Social Security Number)  d by Chapter 304 of the nent for the above
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner TELEPHON d, attest that we are d by the building in (2) the certificate of	r or Authorized Corporate NUMBER:  e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indice certificate required of the fire department of the fire departme	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 080000036		CITY OR TOWN	NEWTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 55 NEE	A SKIPJACK'S				
CITY/TOWN: NE	WTON	STATE: MA	ZIP CODE:	02461	
MANAGER: SEN	IOR, JEFFREY TYPI	E OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EN	AAIL ADDRESS		1
SINGLE STORY B LOBBY, KITCHEN SOUTH SIDE, SEP	LICENSED PREMISI LDG CONSISTING O I AND STORAGE AR ARATE EXIT OFF KI	F LOUNGE AND I EA. ENTRANCE F TCHEN			
• •	swear under penalties of the dicense will be of the				
2. the licens	see has complied with a sees are now open for b	all laws of the Comr	nonwealth relating t		
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp (2) the certificate of l	pector and the head	l of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 080	000045		CITY OR TO	OWN NEWTON	
APPLICATION FOR REN	NEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TEF	RRY O' REILLY'S F	PUB LLC			
DOING BUSINESS A TE	ERRY O' REILLY'S	PUB			
ADDRESS 45 UNION ST	•				
CITY/TOWN: NEWTON	J 5	STATE: MA	ZIP COD	E: 02459	
MANAGER: O' REILLY TERRENO		F LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
45 UNION ST & 57 LAN LOUNGE AREA AND KI ENTRANCE AND EXIT	TCHEN. REST RO	OMS ON 1ST. F	FL. BASEME	NT FOR STORAC	GE. ONE
I hereby certify and swear	under penalties of p	erjury that:			
1. the renewed lic	ense will be of the sa	ame type for the	same premises	s now licensed;	
2. the licensee has	s complied with all la	aws of the Comm	nonwealth rela	ting to taxes; and	
3. the premises are	e now open for busin	ness (If not expla	in below)		
SIGNED BY	ividual, Partner or A	authorized Corpo	rate Officer		
D A TE					
DATE:	TELEPHONE NU	JMBER:		OYER IDENTIFICAT  OT Individual Social S	
			(140te. <u>141</u>	D1 marviduai sociai s	security Number)
We the undersigned, atta Acts of 2004, signed by t named license and (2) th of 2010.	he building inspect	tor and the head	of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

(	CITY OR TOWN NEWTON
Annual	LICENSED FOR 2013
CLASS	YEAR
ION, INC.	
ECA	
STATE: MA	ZIP CODE: 02459
E OF LICENSE: Resta	urant CATEGORY: All Alcohol
BSITE AND ENTER YOUR EMA	IL ADDRESS
ES:	
	M EACH OPENING ONTO ASEMENT LEVEL;STORE ROOM ON EATHER
of perjury that:	
he same type for the sa	ame premises now licensed;
all laws of the Commo	onwealth relating to taxes; and
business (If not explain	n below)
or Authorized Corpora	ate Officer
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
pector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS GON, INC. ECA  STATE: MA E OF LICENSE: Resta  BESITE AND ENTER YOUR EMA ES: FRONT DOORS FRO REST ROOMS ON BA OR USE IN WARM W of perjury that: he same type for the sa all laws of the Common business (If not explain or Authorized Corpora E NUMBER:  in possession (1) the opector and the head of



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LICENSE NUMBER: 080000047	CIT	Y OR TOWN NEWTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: JRZ Restauran DOING BUSINESS A Union Street			
ADDRESS 107 UNION ST.			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: Desousa, Stephen	TYPE OF LICENSE: Restaura	ant CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EMAIL A	DDRESS	
3 FLOORS IN A BRICK BUSINESS FIRST FLOOR AND IN BASEMEN SECOND FLOOR,PATIO AREA. A LICENSED PREMISES	NT . KITCHEN IN BASEMEN	T AND SERVICE KITCHEN ON	
2. the licensee has complied	be of the same type for the same with all laws of the Commonw n for business (If not explain be	ealth relating to taxes; and	
SIGNED BY Individual, Pa	urtner or Authorized Corporate	Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the buildin	ng inspector and the head of t	tificate required by Chapter 304 of the he fire department for the above e required by Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By —	OCAL LICENSING AUTHORITY y:	
DATE:	_		



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LICENSE NUMBER: 080000049	'	CITY OR TOWN NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MBL, LLC.		
DOING BUSINESS A TARTUFO		
ADDRESS 022-24 UNION ST.		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459
MANAGER: MOUNTZURIS, ANNA M.	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PR	EMISES:	
	RATE, TWO BATHROON	UNION ST. TWO BACK MS OFF DINING ROOM. CELLAR FOR PARATE EXITS; ONE IN FRONT
I hereby certify and swear under per	alties of perjury that:	
1. the renewed license will	be of the same type for the s	ame premises now licensed;
2. the licensee has complied	l with all laws of the Comme	onwealth relating to taxes; and
3. the premises are now ope	en for business (If not explai	n below)
SIGNED BY Individual, P	artner or Authorized Corpor	ate Officer
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildi	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUI	MBER: 080000051		CITY OR TOWN	NEWTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: O'HARA AND SO	NS, INC		
DOING BUSI	NESS A O'HARA'S			
ADDRESS 118	85 WALNUT STREET			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02461
MANAGER:	O'HARA, JOHN M. TYI	PE OF LICENSE: Res	staurant C	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PREMI			
	R REST. IN 1 STORY BLI , 2 REAR EXITS. REMOI			
	and swear under penalties			
1. the	renewed license will be of	the same type for the	same premises nov	v licensed;
2. the	licensee has complied with	all laws of the Comr	nonwealth relating	to taxes; and
3. the	premises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual Dortnor	or Authorized Corpo	arata Officar	
	marviduai, r armei	of Authorized Corpc	orate Officer	
DATE:	TEL EDITOR	TE MUMBER	EMPI OVE	R IDENTIFICATION NUMBER:
<i>D1112</i> .	TELEPHON	E NUMBER:		adividual Social Security Number)
	signed, attest that we are signed by the building in:			red by Chapter 304 of the tment for the above
				Chapter 116 of the Acts
Please Check Belo APPROVED:	<u>5w:</u>			SING AUTHORITY
DISAPPROVE	ED:		By:	
(If disapproved	l explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (1	M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	.080000052		CI	IY OK IOW	IN NEW TON	
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	KAROUN IN	C.				
DOING BUSINESS A						
ADDRESS 261 WAL	NUT ST.					
CITY/TOWN: NEW	TON	STATE:	MA	ZIP CODE:	02460	
MANAGER: EURI JOHN		TYPE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L	ICENSED PR	EMISES:				
RESTAURANT ON I BAR,KITCHEN,RES PREMISES ARE NO UNOBSTRUCTED	TROOMS AN	D BASEMENT FO	R OFFICE	E AND STOR	RAGE. RESTRI	
I hereby certify and sv	vear under pen	alties of perjury tha	t:			
1. the renewe	d license will l	be of the same type	for the san	ne premises n	ow licensed;	
2. the license	e has complied	with all laws of the	Common	wealth relatin	ng to taxes; and	
3. the premis	es are now ope	n for business (If no	ot explain l	below)		
SIGNED BY	Individual, Pa	artner or Authorized	. Corporate	e Officer		
DATE:	TELED	HONE MIMBED.		EMPI O	YER IDENTIFICA	TION NUMBER:
	TELEP	HONE NUMBER:			Individual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	ng inspector and th	e head of	the fire depa	artment for the	above
Please Check Below:			Ī	OCAL LICE	NSING AUTH	ORITY
APPROVED:				Зу:		
DISAPPROVED:						
(If disapproved explain	n)		=			
			=			
DATE			.=			
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 080000053	C	CITY OR TOWN NEWTO	)N
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: HOUSE OF ZEN,	, INC		
DOING BUSINESS	S A SWEET POTAT	O BISTRO		
ADDRESS 870 WA	ALNUT ST.			
CITY/TOWN: NE	EWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: CH	EN, TY EDERICK	PE OF LICENSE: Resta	urant CATEGORY	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
	F LICENSED PREM			
ENTRANCE ON S	IDE BY PARKING I		EMENT BLDG. ONE MAIN DR,2 REAR DOORS. DININ TORAGE	
I hereby certify and	swear under penaltie	s of perjury that:		
1. the rene	wed license will be of	f the same type for the sa	me premises now licensed;	
2. the licen	see has complied wit	h all laws of the Commo	nwealth relating to taxes; an	d
3. the prem	nises are now open for	r business (If not explain	below)	
SIGNED BY	Individual, Partne	er or Authorized Corpora	te Officer	
	·	•		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, sign	ed by the building ir	nspector and the head o	ertificate required by Cha of the fire department for the nce required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	loin)			
(If disapproved exp	nam)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)80000057		CITY C	OR TOWN	NEWTON	
APPLICATION FOR I	RENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	WELLESLEY REST	TAURANT GRO	UP INC.			
DOING BUSINESS A	THE LOCAL					
ADDRESS 1391- WAS	SHINGTON					
CITY/TOWN: NEW7	ΓΟΝ	STATE: MA	ZIP	CODE:	02465	
MANAGER: SANTO FRANI		E OF LICENSE:R	estaurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRE	ESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:				
FIRST FLOOR OF A C FRONT ENTRANCES EXTENSION TO INC	S AND TWO REAR	SERVICE ENTR	RANCES. O	CELLAR I	FOR STORAG	GE.
I hereby certify and swe	ear under penalties o	of perjury that:				
1. the renewed	l license will be of th	e same type for the	ne same pre	emises nov	v licensed;	
2. the licensee	has complied with a	all laws of the Cor	nmonwealt	h relating	to taxes; and	
3. the premises	s are now open for b	usiness (If not exp	plain below	v)		
SIGNED BY	Individual, Partner o	or Authorized Cor	norate Offi	cer		
			por <b>uic</b> 0111	.001		
DATE:	TELEPHONE	NIIMRFR:	_	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELITOIVE	TOMBER.	(Ne	ote: <u>NOT</u> Ir	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	by the building insp	ector and the he	ad of the f	ire depar	tment for the	above
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:	]					
(If disapproved explain	ı <b>)</b>					
						<del></del>
DATE:						



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LICENSE NUMBER: 080000	0061	CITY OR TOWN	NEWTON
APPLICATION FOR RENEV	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: BUFFS DOING BUSINESS A ADDRESS 317 WASHINGT			
CITY/TOWN: NEWTON	STATE: M	A ZIP CODE:	02458
MANAGER: CARUSO, JA	MES TYPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENS 317 WASHINGTON STREE OFFICES UPSTAIRS, NO C KITCHEN, LADIES ROOM, SERVICE DOOR TO HALLY	T. RESTAURANT IN 2 STO ONNECTION. BAR AND DI MEN'S ROOM, CELLAR FO	RY CEMENT BUSINI INING AREA IN FROI	NT, SEPERATE
2. the licensee has co	der penalties of perjury that:  e will be of the same type for  mplied with all laws of the Co  ow open for business (If not ex	ommonwealth relating t	
SIGNED BY Individ	lual, Partner or Authorized Co	orporate Officer	
DATE: 1	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
	that we are in possession (1) building inspector and the h ertificate of liquor liability in	ead of the fire depart	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 080000062		CITY OR TOWN	NEWTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: BOWDEN HOSPI S A CROWNE PLAZ		LLC		
CITY/TOWN: NI		STATE: MA	ZIP CODE:	02458	
MANAGER: SIN	MMOND,CORLT TYI	'E OF LICENSE: In	nholder Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUR WI		EMAIL ADDRESS		
<ol> <li>the rene</li> <li>the licer</li> </ol>	I swear under penalties wed license will be of usee has complied with mises are now open for	the same type for the all laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <b>NOT</b> Ind	R IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	spector and the hea	d of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	Dlain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 08000	0065	CITY OF	R TOWN NEWTON	
APPLICATION FOR RENE	WAL: Ann	ual	LICENSED FOR 20	013
	CLA	SS		YEAR
LICENSEE NAME: HAVO	CO,INC			
DOING BUSINESS A THE	CHERRY TREE			
ADDRESS 1349 WASHING	TON			
CITY/TOWN: NEWTON	STATE:	MA ZIP (	CODE: 02465	
MANAGER: HAVERTY, DANIEL J	TYPE OF LICEN	NSE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE AI	SO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRES	S	_
DESCRIPTION OF LICENS				
RESTAURANT CONSISTII AND REAR ENTRANCES			CH.780 SQ.FT. WITH	I FRONT
I hereby certify and swear un	der penalties of perjury th	at:		
1. the renewed licen	se will be of the same type	for the same prei	mises now licensed;	
2. the licensee has co	omplied with all laws of th	ne Commonwealth	relating to taxes; and	
3. the premises are n	now open for business (If I	not explain below)	)	
SIGNED BY				
Indivi	dual, Partner or Authorize	d Corporate Offic	eer	
DATE:	TELEPHONE NUMBER	•	EMPLOYER IDENTIFICAT	
		(Not	te: <u>NOT</u> Individual Social S	ecurity Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector and t	the head of the fi	re department for the	above
Please Check Below:		LOCAI	L LICENSING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUI	MBER: 080000066		CITY OR TOWN NEW	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: Shogun Associates	LLC		
DOING BUSI	NESS A Shogun Restauran	nt		
ADDRESS 13	85 WASHINGTON ST.			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 0246	5
MANAGER:	Baughman, Hidemi TYI T.	PE OF LICENSE: Rest	aurant CATEGO	ORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
	N OF LICENSED PREMI			
	R RESTAURANT IN A TV NTRANCE,ONE EMERG			ΓRANCE,
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the s	same premises now license	d;
2. the	licensee has complied with	all laws of the Comm	onwealth relating to taxes;	and
3. the	premises are now open for	business (If not explain	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
<b>Acts of 2004,</b>	rsigned, attest that we are signed by the building in e and (2) the certificate of	spector and the head	of the fire department fo	r the above
Please Check Belo	ow:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)			
DATE:				



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LICENSE NUMBI	ER: 080000067		CITY OR TOWN NEWTO	N .
APPLICATION FO	OR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAMI	E: WOODLAN	ND GOLF CLUB OF AUBU	JRNDALE	
DOING BUSINES	SS A			
ADDRESS 1897 V	WASHINGTON	ST.		
CITY/TOWN: NI	EWTON	STATE: MA	ZIP CODE: 02466	
	ARFINKEL, AVID W.	TYPE OF LICENSE: Clu	ib CATEGORY	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED P	REMISES:		
		D BASEMENT TERRACE,I ΓENTRANCES,DELIVER	DINING ROOM AND GRILL Y ENTRANCE IN REAR	ROOM
I hereby certify and	d swear under pe	enalties of perjury that:		
1. the rene	ewed license will	l be of the same type for the	same premises now licensed;	
2. the licer	nsee has complie	ed with all laws of the Comr	nonwealth relating to taxes; and	d
3. the prer	mises are now or	pen for business (If not expla	ain below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, sign	ned by the build	ling inspector and the head	e certificate required by Cha d of the fire department for the trance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	plain)		-	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 080000068		CITY OR TOWN	NEWTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
DOING BUSINES	S A TOMMY DO				
ADDRESS 349 WA	ATERTOWN ST.				
CITY/TOWN: NE	EWTON	STATE: MA	ZIP CODE:	02458	
MANAGER: TR	ICIA, MEDAS	TYPE OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
FRONT ENTRAN	ESTAURANT, TW CES AND TWO I	VO CONNECTING ROOREAR EXITS, CELLAR		ORY BLDG. T	ΓWO
<ol> <li>the rene</li> <li>the licer</li> </ol>	wed license will busee has complied	alties of perjury that:  be of the same type for the with all laws of the Con  n for business (If not exp	nmonwealth relating t		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	porate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Acts of 2004, sign	ed by the buildin	e are in possession (1) t g inspector and the hea te of liquor liability ins	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] [] olain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUM	MBER: 080000073		CITY OR TOWN	NEWTON
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	AME: PYRAMID NEWTO NESS A HOTEL INDIGO	N MANAGEMEN	T LLC	
	GROVE STREET			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02462
MANAGER:	EASTMAN, ERIC TYPE	OF LICENSE: Inr	holder CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
DEG CD IDEI CI	PLEASE ALSO VISIT OUR WEBS N OF LICENSED PREMISE		MAIL ADDRESS	
1ST. FL. ENT, EAST SIDE, B POOL PATIO	CK, RESTAURANT, COCK FOUR 2ND FLOOR ENTR ASEMENT ENTRANCE FF AND CELLAR FOR STORA	ANCES TO MAIN ROM PKG. LOT, ( AGE	N LOBBY N/S, 2 2N	D FL. ENTRANCES,
-	and swear under penalties of			
	renewed license will be of the		_	
	licensee has complied with al premises are now open for bu		· ·	taxes; and
	promises are now open for ou			
SIGNED BY	Individual, Partner or	· Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NII IM DED.	FMPI OYER	DENTIFICATION NUMBER:
	IELEPHONE	NUMBER:		ividual Social Security Number)
Acts of 2004, s	signed, attest that we are in signed by the building inspe- and (2) the certificate of li	ector and the head	d of the fire departr	nent for the above
Please Check Belo	w:		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVE			By:	
(If disapproved	<u> </u>			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J80000076		CITY OR IC	JWN NEWIO	IN
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	NEWTONVI	LLE WINE AND SPIRI	TS, INC		
DOING BUSINESS A	NEWTONV	TLLE WINE AND SPIR	RITS		
ADDRESS 31 AUSTII	N STREET				
CITY/TOWN: NEW	ΓON	STATE: MA	ZIP COD	DE: 02460	
MANAGER: SHIRE	, ROBERT	TYPE OF LICENSE:	ackage Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PR	EMISES:			
		SPACE ON THE FIRST			
		ANCE FROM AUSTIN A STORAGE ROOM I			N
I hereby certify and sw	ear under pen	alties of perjury that:			
	_	be of the same type for the	ne same premise	s now licensed;	
2. the licensee	has complied	with all laws of the Cor	nmonwealth rela	ating to taxes; and	d
3. the premises	s are now ope	n for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMP!	LOYER IDENTIFIC	ATION NUMBER:
			(Note: <u>Note</u>	OT Individual Socia	l Security Number)
Please Check Below:			LOCAL LI	CENSING AUT	HORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	·)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	080000077		CITY OR TOWN	NEWTON
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 1142 BEAC		CLASS NC.		YEAR
CITY/TOWN: NEW1	TON	STATE: MA	ZIP CODE:	02461
MANAGER: KOYT MART		E OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LI 1ST. FL. STORE IN A CELLAR FOR STOCK	ONE-STORY BLD	G., ONE FRONT	ENTRANCE,ONE R	EAR ENTRANCE,
2. the licensee 3. the premises		all laws of the Compusiness (If not exp		
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:080000078		CITY OR TOW	N NEW ION	
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A THE URBA				
ADDRESS 7 BOYLS	STON ST				
CITY/TOWN: NEW	VTON	STATE: MA	ZIP CODE:	02467	
	GLAS JR., HONY M.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PR	EMISES:			
FIRST FL. STORE II ENTRANCE, ONE F		RY CEMENT AND TIL NCE.	E BUSINESS BDI	LG., ONE FRO	ONT
2. the license 3. the premis	ee has complied	oe of the same type for the with all laws of the Con on for business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 080000080		CITY OR TOWN	NEWTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: LEGAL SEA	FOODS LLC			
DOING BUSI	NESS A LEGAL SEA	A FOODS			
ADDRESS 000	043R BOYLSTON ST	ГКЕЕТ			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02467	
MANAGER:	SANTOS, JULIO DOS	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		I
DESCRIPTION	N OF LICENSED PR	EMISES:			
	Y BLDG. WITH ONE ONTAINING APPRO	E FRONT ENTRANCE AN X. 1,400 SQ. FT.	ND EXIT AND ON	E SIDE ENT	RANCE
3. the	•	with all laws of the Comm n for business (If not expla	_	taxes; and	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	rate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVE	ED:		By:		
(If disapproved	<u> </u>				
D. 1975					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 080000083		CITY OR TO	)WN	NEWION	
APPLICATION FOR	RENEWAL:	Annual	L	ICENSI	ED FOR 20	013
		CLASS				YEAR
	OM CONVENIENC A GROCERY GARR					
ADDRESS 367 CAL	IFORNIA ST					
CITY/TOWN: NEW	/TON	STATE: MA	ZIP COD	E:	02458	
MANAGER: PATE D.	EL, JITENDRA TYPE	E OF LICENSE: F	ackage Store	CAT	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS			
	LICENSED PREMISE		10 01 E E O D D			
WAREHOUSE.	K CEMENT BLDG. W	TTH 2 SECTION	NS, ONE FOR R	ETAIL	AND ONE	EFOR
3. the premis	es are now open for b  Individual, Partner o					
DATE:	TELEPHONE	NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIG	CENSI	NG AUTH	ORITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 080000087		CITY OR TOWN	NEWTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME	E: NEWTON BEV SH	OP INC			
DOING BUSINESS	S A ALL STAR LIQUO	OR MART OF NEW	TON		
ADDRESS 1220 C	HESTNUT ST				
CITY/TOWN: NE	EWTON	STATE: MA	ZIP CODE:	02464	
MANAGER: BROS	OWN, JEFFREY TYPI	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISI	ES:			
<b>DELIVERY ENTR</b>	ORE IN A BRICK BLE ANCE,NO BASEMEN O AS AN ENTRANCE	T. INSIDE OPENIN			
I hereby certify and	swear under penalties of	of perjury that:			
•	wed license will be of the		same premises now	licensed;	
2. the licen	see has complied with a	all laws of the Comn	nonwealth relating to	taxes; and	
3. the prem	nises are now open for b	usiness (If not expla	in below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	rate Officer		
D 4 500					
DATE:	TELEPHONE	NUMBER:		LIDENTIFICATI	
			(Note: NOT Ind	ividuai sociai se	curity Number)
Please Check Below:			LOCAL LICENS	ING AUTHC	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 080000088		CITY OR TOV	VN NEWTON	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AUBURNDALE I	DISCOUNT WINE &	& SPIRITS, INC.		
DOING BUSINESS	A AUBURNDALE	WINE & SPIRITS			
ADDRESS 2102 CO	OMMONWEALTH				
CITY/TOWN: NE	WTON	STATE: MA	ZIP CODE	: 02466	
	ONNELL, TY	PE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
DELIVERY ENTRA REDEMPTION AR	G WITH FRONT EN ANCES AT REAR. F EA,COOLER AND S ID TWO RESTROO	FIRST FLOOR CON STORAGE; BASEM	SISTING OF SA	LE AREA,	
I hereby certify and	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for th	e same premises r	now licensed;	
2. the licens	see has complied with	h all laws of the Com	monwealth relati	ng to taxes; and	
3. the premi	ises are now open for	r business (If not exp	lain below)		
SIGNED BY	Individual, Partner	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 080000090		CITY OR TOWN	NEWTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		YI	EAR
LICENSEE NA	AME: EAMON'S WA	LNUT MARKET,LLC			
DOING BUSIN	NESS A EAMON'S W	ALNUT MARKET			
ADDRESS 20	LINCOLN ST				
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02461	
MANAGER:	FERLAND, DIANNE	ΓΥΡΕ OF LICENSE: P	ackage Store C		Vine and Malt Regular
EMAIL ADDR	ESS:				
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PRE				
	LDG WITH APARTM ANCE,ONE REAR DO				
	ONT AREA, STOCK R				32
I hereby certify	and swear under penal	lties of perjury that:			
1. the 1	renewed license will be	e of the same type for the	ne same premises now	licensed;	
	licensee has complied v		_	o taxes; and	
3. the <sub>1</sub>	premises are now open	for business (If not exp	plain below)		
SIGNED BY	Individual Par	tner or Authorized Cor	porate Officer		
	individual, i di	mer of rumorized cor	portite Officer		
DATE:	TELEDII	ONE NUMBER:	EMPI OYEI	R IDENTIFICATIO	N NIIMRER:
	IELEFN	ONE NUMBER.		dividual Social Secu	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHOR	RITY
APPROVED: DISAPPROVE	ED:		By:		
(If disapproved					
11	-				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	080000091		CITY	OR TOWN	NEWTON	
APPLICATION FOR I	RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	UPPER FALLS	BEV STORE,IN	IC.			
DOING BUSINESS A	UPPER FALI	S DISCOUNT L	IQUORS			
ADDRESS 150 NEED	HAM ST					
CITY/TOWN: NEW1	ΓΟΝ	STATE:	MA Z	IP CODE:	02464	
MANAGER: RECCO	O, JOHN A	ГҮРЕ OF LICEN	SE:Package S	Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OU	JR WEBSITE AND ENTER	YOUR EMAIL ADI	DRESS		
DESCRIPTION OF LI						
FIRST FLOOR STORI ONE COOLER, A STO AREA, CUSTOMER F DELIVERY. STORAC	ORAGE AREA BOTTLE REDI	., A BOTTLE AN EMPTION AREA	D CAN RED	EMPTION A	REA,STORA	.GE
I hereby certify and swe	ear under penal	ties of perjury tha	ıt:			
	_	of the same type		premises now	licensed;	
2. the licensee	has complied v	with all laws of the	e Commonwe	alth relating t	o taxes; and	
3. the premises	s are now open	for business (If no	ot explain bel	ow)		
SIGNED BY						
	Individual, Pari	tner or Authorized	l Corporate O	tticer		
DATE:				EMBI OVE		ION MUMBER
DATE.	TELEPH	ONE NUMBER:			R IDENTIFICAT lividual Social So	
				(* 1880 <u>170 1</u> III.	ir vicuui Boeiui Bo	cearity (vainteer)
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:	7		By:			
(If disapproved explain	)					
, and the state of	,					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	80000093		CI	TY OR TOWN	NEWTON	
APPLICATION FOR F	RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: F DOING BUSINESS A	•	NE & SPIRTS				
ADDRESS 1194 WAL	NUT ST					
CITY/TOWN: NEWT	ON	STATE:	MA	ZIP CODE:	02461	
MANAGER: Bahaa,	Antony TYP	E OF LICEN	SE:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	CASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:				
FIRST FLOOR STORE SERVICE ENTRANCE					TRANCE,ON	NE REAR
I hereby certify and swe	ear under penalties	of perjury tha	t:			
1. the renewed	license will be of	the same type	for the sar	ne premises now	licensed;	
2. the licensee	has complied with	all laws of the	e Common	wealth relating t	o taxes; and	
	are now open for			_		
SIGNED BY						
	ndividual, Partner	or Authorized	l Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
				(Note: NOT Inc	dividual Social S	ecurity Number)
Please Check Below:			1	OCAL LICENS	CINIC ALITH	ODITV
APPROVED:				LOCAL LICENS	SING AUTHO	JRII I
DISAPPROVED:			1	Ву:		
(If disapproved explain	)					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 080000096		CITY OR TOWN	NEWTON	
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: SIEGAL & SOI	NS INVESTMENTS,	LTD		
DOING BUSINES	SS A MARTY'S AN	ND MARTY'S LIQUO	ORS		
ADDRESS 675 W	VASHINGTON ST				
CITY/TOWN: N	IEWTON	STATE: MA	ZIP CODE:	02460	
MANAGER: SI		ΓΥΡΕ OF LICENSE: F	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION C	OF LICENSED PRE	MISES:			
ENTRANCE, ONI	E FRONT EXIT,SH		ENT FOR STORAGE. VING DOOR, FIRE E SHIPPING		
	nd swear under penal				
-	=		he same premises now	licensed;	
			mmonwealth relating t		
3. the pre	emises are now open	for business (If not ex	plain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Con	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:					
APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved ex					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 080000097		CITY OR TOWN	NEWTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	DAVID H. BOY	YAJIAN		
DOING BUSINESS	A OAKLEY SPA	A		
ADDRESS 979 WA	SHINGTON ST			
CITY/TOWN: NEV	WTON	STATE: MA	ZIP CODE:	02460
MANAGER:	Т	TYPE OF LICENSE: P	ackage Store C.	ATEGORY: Wine and
ELLI I DEDEGG				Malt Regular
EMAIL ADDRESS:	NA PAGE AN GO MIGHT ON	D WEDGINE AND ENVED VOLD	EMAN APPRECE	
DESCRIPTION OF		R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS	
RETAIL GROCERY	Y STORE ON FIR RAGE. REAR EX	ST FLOOR,MAIN ST SIT FOR DELIVERIES		
I hereby certify and s	swear under penal	ties of perjury that:		
1. the renew	ved license will be	of the same type for th	e same premises now	licensed;
2. the licens	ee has complied w	with all laws of the Con	nmonwealth relating t	o taxes; and
3. the premi	ses are now open	for business (If not exp	olain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer	
	•			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	SING AUTHORITT
DISAPPROVED:			_,.	
(If disapproved explain	ain)			
DATE:				
<del> '</del>				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 080000098		CITY OR TOW	IN NEWTON	
APPLICATION F	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
	E: EASTERN BEV				
ADDRESS 543 C	OMMONWEALTH A	AVENUE			
CITY/TOWN: N	EWTON	STATE: MA	ZIP CODE:	02465	
	ANNOPOULOS, T NASTASIOS	YPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
	OF LICENSED PREM				
	ΓORE IN A ONE STO AR SERVICE ENTR		, CELLAR FOR ST	OCK, ONE FR	RONT
	ensee has complied wi mises are now open fo Individual, Partn		plain below)	ig to taxes; and	
DATE:					
DATE.	TELEPHO	NE NUMBER:		YER IDENTIFICA'  Individual Social (	
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:	<del></del>		By:		
(If disapproved ex					
	<b>.</b> /				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	080000099		CITY (	OR TOWN	NEWTON	
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 2366 WA	Λ	WINE CO				
CITY/TOWN: NEW		STATE: N	// 711	P CODE:	02462	
MANAGER: MINE		TE OF LICENSE				All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDR	ESS		
DESCRIPTION OF L						
FIRST FLOOR IN A USED FOR STORAGE. EXT	E, 2 FRONT ENT	RANCES,3 REA	R SERVICE	ENTRAN	NCES, BASEN	MENT
2. the license	vear under penaltie d license will be o e has complied wit es are now open fo	f the same type for h all laws of the C	ommonweal	th relating		
SIGNED BY	Individual, Partne	er or Authorized C	orporate Off	icer		
DATE:	TELEPHO	NE NUMBER:	1)			ΠΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCA By:	AL LICEN	ISING AUTH	ORITY
(If disapproved explai	n)					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000100	CITY OR TOWN NEWTON
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: SILVER LAKE LIQUOR CO., IN	C.
DOING BUSINESS A	
ADDRESS 342 WATERTOWN ST	
CITY/TOWN: NEWTON STATE:	MA ZIP CODE: 02458
MANAGER: NEGROTTI, JOHN TYPE OF LICENS G. JR.	E:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR STORE IN A TWO STORY BRICK BL ENTRANCE FROM DRIVEWAY ON CHAPEL ST. CE	
<ol> <li>the renewed license will be of the same type for</li> <li>the licensee has complied with all laws of the</li> <li>the premises are now open for business (If not</li> </ol>	Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	Ву:
(If disapproved explain)	
DATE:	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBEK: 080000101		CITY OR TOWN NEW IC	JIN
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: KAGANOV	& SONS,INC		
DOING BUSIN	NESS A WABAN M	IKT		
ADDRESS 008	3-14 WINDSOR RD			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 02468	
MANAGER:	KAGANOV, YAN	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
	STORE IN A ONE IR FOR STORAGE	STORY BRICK BLDG,	TWO FRONT ENTRANCES,T	'WO REAR
1. the 1 2. the 1	renewed license will icensee has complied	* *	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	nd
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AUT	ΓHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	080000102		CITY OR TOWN NEV	VTON
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	ŕ	COUNT WINES & SPII	RITS	
ADDRESS 980 BOY	LSTON ST.			
CITY/TOWN: NEW	TON	STATE: MA	ZIP CODE: 024	61
MANAGER: KINL B.	IN, MOLLIE	TYPE OF LICENSE:Pa	ckage Store CATEG	ORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	<u></u>
DESCRIPTION OF L	ICENSED PRE	MISES:		
2. the license	e has complied ves are now open	* *		
DATE:	TELEPH	ONE NUMBER:		ΠΕΙΕΛΑΤΙΟΝ NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 080000104		CITY OR TOW	N NEW ION	
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TOP SHELF LIQU	ORS INC.			
DOING BUSINESS	A BURTON'S LIQU	OR & DELI			
ADDRESS 353 357	WASHINGTON				
CITY/TOWN: NEV	VTON	STATE: MA	ZIP CODE:	02458	
	IERO, TYP: VARD W.	E OF LICENSE: Pac	ekage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
ENTRANCE,ONE R FIRST FLOOR AND	RE AND CELLAR F EAR EXIT TO PRIV CELLAR. ADDITION RAGE. EXT OF BASI	ATE WAY. EXTEN ON OF SECOND FL	NDED PREMISE LOOR TO EXIST	ES FORWARD	ВОТН
I hereby certify and s	wear under penalties	of perjury that:			
• •	ed license will be of the		same premises no	ow licensed;	
2. the license	ee has complied with	all laws of the Comr	nonwealth relatin	g to taxes; and	
3. the premi	ses are now open for l	ousiness (If not expla	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT Individual Social S	
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [	 uin)				
(ii disupproved expir	····/				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0800001	05	CITY OR TOWN	NEWTON
APPLICATION FOR RENEW	AL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HOMET	OWN BEVERAGE LLC		
DOING BUSINESS A MURR	AY'S LIQUORS IN NEWTON	1	
ADDRESS 745 747 BEACON	ST		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE:	02459
MANAGER: GREENBERG, MARK D.	TYPE OF LICENSE: Pac	ckage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSEI	O PREMISES:		
SINGLE STORY BRICK BLD SERVICE ENTRANCE AND I		15 AND 747 BEACO	N ST. ONE REAR
2. the licensee has com	will be of the same type for the uplied with all laws of the Comra vopen for business (If not explanation)	monwealth relating to	
SIGNED BY Individua	al, Partner or Authorized Corpo	orate Officer	
DATE: TE	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below:			NG AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
·			
DATE:			



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		LITY OR TOWN NEW TON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BERTUCCI'S	RESTAURANT CORP.	
DOING BUSINESS A BERTUCCI'S	S BRICK OVEN RISTORA	ANTE
ADDRESS 275 CENTRE ST.		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02458
MANAGER: BUTLER, JARRETT M.	TYPE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	II. ADDRESS
DESCRIPTION OF LICENSED PRE	EMISES:	
ONE STORY BRICK BLDG. ENTR STORAGE. INTERIOR CONSISTS RESTROOMS, KITCHEN AND CO SAME BLDG BUT WITH NO CON	OF LOUNGE AREA WIT OLERS. TOTAL SEATING	H BAR,DINING AREA,
I hereby certify and swear under pena	alties of perjury that:	
1. the renewed license will b	e of the same type for the sa	ame premises now licensed;
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now oper	n for business (If not explain	n below)
SIGNED BY Individual, Par	rtner or Authorized Corpora	ate Officer
	rtner or Authorized Corpora	ate Officer
Individual, Par	rtner or Authorized Corpora HONE NUMBER:	ate Officer  EMPLOYER IDENTIFICATION NUMBER:
Individual, Par		
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin	HONE NUMBER:  e are in possession (1) the of the possession in the head of the	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.  Please Check Below: APPROVED:	HONE NUMBER:  e are in possession (1) the of the possession in the head of the	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above
DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER:  e are in possession (1) the of the possession in the head of the	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
DATE: TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.  Please Check Below: APPROVED:	HONE NUMBER:  e are in possession (1) the of the possession in the head of the	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010.  Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER:  e are in possession (1) the of the possession in the head of the	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000107	(	CITY OR TOWN	NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: 3 IN 1 SUPERE	ΓΤΕ,INC.		
DOING BUSINESS A			
ADDRESS 203 ELLIOT ST			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE:	02464
MANAGER: AREANO, JOHN T	YPE OF LICENSE: Pack	cage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
FIRST FLOOR STORE AND BASEM STORAGE ONLY. ONE FRONT ENT			
the licensee has complied with a second	ith all laws of the Comme	onwealth relating to n below)	
marviduai, r ai u	er of Authorized Corpor	ate Officer	
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUM	MBER: 080000109	(	CITY OR TOWN	NEWTON
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN	AME: PRAN CORP. NESS A LAM'S RESTA			
	5 WASHINGTON STRE			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02460
MANAGER:	LAM, KEVIN TY	PE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
DEG CD IDEI CI	PLEASE ALSO VISIT OUR N OF LICENSED PREM	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
RESTROOMS, SERVICE DOO	T IN A SINGLE STORY , DINING AREA, FULL OR FROM KITCHEN O PENING IN FRONT/RE.	BAR, FRONT ENTR NTO ALLEY AT REAI	ANCE AT WASH R, BASEMENT RC	INGTON ST. REAR
I hereby certify	and swear under penaltic	es of perjury that:		
	renewed license will be o	• •	•	
	licensee has complied with premises are now open for		_	taxes; and
	premises are now open re	r business (ir not explai	n ociow)	
SIGNED BY	Individual, Partne	er or Authorized Corpor	ate Officer	
D.A.WE				
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
			(Note. NOT man	vidual Social Security Number)
Acts of 2004, s	signed by the building i	nspector and the head	of the fire departn	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	enpium)			
DATE:				



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LICENSE NUMBER: 080000110	C	TIY OR TOWN NEWTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CHUNG SIN	G, INC.		
DOING BUSINESS A BERNARD	'S		
ADDRESS 199 BOYLSTON ST.			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02467	
MANAGER: LEUNG, SUSAN	TYPE OF LICENSE: Resta		Wine and
MANAGER. LEUNG, SUSAN	TITE OF LICENSE. Resta	urant CATEOOKT.	Malt Regular
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
RESTAURANT ON 2ND LEVEL (	OF SHOPPING MALL. DIN	ING AREA, KITCHEN	AND
WORK AREA. COOLER,RESTRO			
FROM SECOND FLR MALL LOB RESTRICTION; WINE AND MAL			OOR.
I hereby certify and swear under per			
•	be of the same type for the sa	me premises now licensed:	
	* *	nwealth relating to taxes; and	
•	en for business (If not explain	<u>-</u>	
	` <b>.</b>		
SIGNED BY			
	artner or Authorized Corpora	te Officer	
DATE: TELEP	HONE NUMBER.	EMPLOYER IDENTIFICAT	TION NUMBER:
I ELEP	PHONE NUMBER:	(Note: NOT Individual Social S	
			-
We the undersigned, attest that w			
Acts of 2004, signed by the buildinamed license and (2) the certification			
of 2010.	ate of inquot masinty misura	nee required by Chapter 110	of the field
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	ORTI
DISAPPROVED:		2).	
(If disapproved explain)			
DATE:			



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LICENSE NUMBE	K: 080000115		CITY OR TOWN	NEWION
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: ANOTHER CAFE	E FIORELLA, INC.		
DOING BUSINESS	S A FIORELLA'S			
ADDRESS 187 NO	RTH STREET			
CITY/TOWN: NE	WTON	STATE: MA	ZIP CODE:	02460
MANAGER: KAI M.	RIAN, REMON TY	PE OF LICENSE: Res	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
PARKING LOT & BAR, KITCHEN A	1 REAR ENTRANC REA & RESTROOM	I. FRONT ENTRANC E. THE INTERIOR IN IS, BASEMENT ARE AL OUTDOOR PATION	ICLUDES DINING A FOR STORAGE	G AREA, SERVICE
I hereby certify and	swear under penaltie	s of perjury that:		
		the same type for the	•	
	-	n all laws of the Comm	_	o taxes; and
3. the prem	ises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signe	ed by the building in	spector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				
DAIE.				



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LICENSE NU	MBER: 080000116		CITY OR TOWN	NEWTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSI	AME: CHUNG SHIN NESS A 3 CALIFORNIA ST.	YUAN, INC.		
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02458
MANAGER:	MAO, JASON	TYPE OF LICENSE: Re		ATEGORY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	N OF LICENSED PRE	UR WEBSITE AND ENTER YOUR E EMISES: RY BLDG WITH FROI		PEAR EXIT DINING
	HEN AND RESTROOM			
2. the	licensee has complied	e of the same type for the with all laws of the Com for business (If not expl	monwealth relating to	
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	IONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004,	signed by the building	g inspector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 08000011	8	CITY OR TOWN NEWTON
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: HOME AS DOING BUSINESS A ADDRESS 15 SOUTH GATE P		COUNCIL, K OF C.
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02465
MANAGER: JASSET, JAMES	S M. TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED TWO STORY FIELDSTONE A ENTRANCE AT 15 SOUTH GA	ND WOOD FRAME BLDG.; MATE PARK;3 EMERGENCY EXSEMENT, TWO EMERGENCY	IL ADDRESS  MAIN ENTRANCE AND MEMBERS  XITS AT REAR OF BLDG., FIRST  Y EXITS AT FRONT END OF BLDG.,
2. the licensee has comp	penalties of perjury that:  vill be of the same type for the sabled with all laws of the Commo open for business (If not explain	onwealth relating to taxes; and
SIGNED BY Individual	l, Partner or Authorized Corpora	ate Officer
DATE: TEI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buil	ilding inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 08000012	.0	CITY OR TOWN NEWTO	ON
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: KOAM T	RADING, INC.		
DOING BUSINESS A SAPPO	RO		
ADDRESS 81 R UNION STRE	ET		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: LEE, MARY	TYPE OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	/ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
I hereby certify and swear under		. ,	
	· ·	e same premises now licensed;	
-		monwealth relating to taxes; as	nd
3. the premises are now	open for business (If not expl	ain below)	
SIGNED BY	l, Partner or Authorized Corpo	omata Officam	
marvidua	i, Partner of Authorized Corpo	State Officer	
DATE			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Soc	
		(110te. 1101 marvidual 50c	iai security Number)
We the undersigned, attest that	-	2 0	•
Acts of 2004, signed by the bu			
named license and (2) the cert of 2010.	incate of inquor nability filst	irance required by Chapter	110 of the Acts
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:		<b>-</b> j.	
(If disapproved explain)			
DATE.			
DATE:			
APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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APPLICATION FOR RENEWAL:		
	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: UNO RESTAURAN	NTS LLC	
DOING BUSINESS A UNO CHICAGO	GRILL	
ADDRESS 287 WASHINGTON STREET		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02458
MANAGER: CAMPBELL,JUSTI TYPI N M.	E OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEI		AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
VARIOUS DINING AND BAR AREAS, 7 MEZZANINE, HOSTESS AREA AND PI		KITCHEN FACILITIES, RESTROOMS,
the renewed license will be of the complex of the licensee has complied with a second or the complex of the premises are now open for the complex of th	all laws of the Comm	onwealth relating to taxes; and
	or Authorized Corpor	rate Officer
	or Authorized Corpor	rate Officer
		EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner of TELEPHONE  We the undersigned, attest that we are if Acts of 2004, signed by the building insp	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the
Individual, Partner of DATE:  TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insponanced license and (2) the certificate of license and (2) the certificate of license and (3) the certificate of license and (4) the certificate of license and (5) the certificate of license and (6) the certificate of license and (7) the certificate of license and (8) the license and (8) the certificate of license and (8) the license a	E NUMBER: in possession (1) the pector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000122	2	CITY OR TOWN NEWT	ON
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: TAAM CH	HINA RESTAURANT II,IN	C.	
DOING BUSINESS A TAAM C	CHINA RESTAURANT II		
ADDRESS 108 R OAK STREET	Γ		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02464	
MANAGER: CHUNG, ANDY	TYPE OF LICENSE:R	estaurant CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
TWO STORY BUILDING-FIRS ROOM., ADDITION OF SEATI		KITCHEN, SECOND FLOOF	R DINING
I hereby certify and swear under j	penalties of perjury that:		
1. the renewed license w	rill be of the same type for th	ne same premises now licensed:	;
2. the licensee has comp	lied with all laws of the Con	nmonwealth relating to taxes; a	nd
3. the premises are now	open for business (If not exp	plain below)	
SIGNED BY		0.00	
Individual	, Partner or Authorized Corp	porate Officer	
DATE.			
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
		(1000. 1401 marvidum 500	rial Security (vulliber)
We the undersigned, attest tha Acts of 2004, signed by the bui named license and (2) the certi of 2010.	lding inspector and the he	ad of the fire department for	the above
Please Check Below: APPROVED:		LOCAL LICENSING AU	THORITY
DISAPPROVED:		By:	
(If disapproved explain)			
1 /			
DATE:			



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LICENSE NUMBER: 080000126		CITY OR TOWN NEWTON	
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: JOHNNY'S DOING BUSINESS A JOHNNY			
ADDRESS 30 LANGLEY ROAD			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: SOLOMON, NEA	L TYPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED F ONE STORY BUILDING WITH BASEMENT FOR STORAGE		ROOM ON GROUND FLOOR.	
2. the licensee has compliance of the premises are now of SIGNED BY			
marviduai,	Tartier of Mathorized Corpo	state Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the hea	d of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



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LICENSE NUMBER	R: 080000128		CITY OR TOWN	NEWTON	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 201	13
		CLASS		Y	YEAR
LICENSEE NAME:	CHEESECAKE F.	ACTORY RESTAU	JRANTS, INC.		
DOING BUSINESS	A THE CHEESECA	KE FACTORY			
ADDRESS 300 BOY	YLSTON STREET				
CITY/TOWN: NEV	WTON	STATE: MA	ZIP CODE:	02467	
	REVECCHIO, TYI CEY	'E OF LICENSE: Re	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMIS				
WOODEN BLDG. V STORAGE IN BASI	VITH A RESTAUR <i>A</i> EMENT.	ANT ON THE FIRS	T FLOOR; KITCH	EN, OFFICES A	AND
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of	the same type for th	e same premises no	w licensed;	
2. the licens	ee has complied with	all laws of the Com	nmonwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICATION	
			(Note: NOT I	ndividual Social Se	curity Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the hea	nd of the fire depar	tment for the a	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:	-:)				
(If disapproved expla	aiii <i>)</i>				
DATE:					



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APPLICATION FOR R					
	ENEWAL:	Annual	Ι	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R	.Y. CORPOR	ATION			
DOING BUSINESS A	SHING YEE	RESTAURANT			
ADDRESS 1255 WASH	HINGTON ST				
CITY/TOWN: NEWTO	ON	STATE: MA	ZIP COI	DE: 02465	
MANAGER: NG, CH	U HAR	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LIC FIRST FLOOR SINGLE EXIT TO WASHINGTO FIRST FLOOR KITCHI	E ROOM, 40 S ON ST, ONE	SEATS WITH ONE PU REAR FIRE EXIT THI			
		with all laws of the Comfor business (If not exp		ating to taxes; and	
SIGNED BY	ndividual, Par	tner or Authorized Corp			
	ndividual, Par				
			oorate Officer	PLOYER IDENTIFICAT	
Iı		tner or Authorized Corp	oorate Officer	PLOYER IDENTIFICAT	
DATE:  We the undersigned, a Acts of 2004, signed by named license and (2)	TELEPH attest that we y the building	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMF (Note: Note: N	OT Individual Social S required by Chapt lepartment for the	er 304 of the above
DATE:  We the undersigned, a Acts of 2004, signed by	TELEPH attest that we y the building the certificate	tner or Authorized Corp IONE NUMBER: are in possession (1) the	EMF (Note: Note: N	OT Individual Social S required by Chapt lepartment for the	er 304 of the above of the Acts



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LICENSE NUMB	ER: 080000130		CITY OR TOWN	NEWTON	
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: FRANCESCA	_PIZZERIA INC			
DOING BUSINES	S A				
ADDRESS 203 Al	DAMS ST				
CITY/TOWN: N	EWTON	STATE: MA	ZIP CODE:	02458	
MANAGER: MA	ARIANO, CANGELO V.	TYPE OF LICENSE: R	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O					
	NT FOR STORAG	EESTROOMS, TWO EN GE AREA. ALCOHOL I COUNTER			
3. the pres		n for business (If not ex			
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the buildin	e are in possession (1) of ag inspector and the he te of liquor liability in	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explanation)	] 		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 080000131	'	CITY OR TOWN NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: PASTEUR ATRI	IUM, INC.	
DOING BUSINESS A LE'S		
ADDRESS 300 BOYLSTON STREET		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02467
MANAGER: LE, DUYEN V. TY	YPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	IISES:	
WOODEN BLDG. WITH RESTAURA STORAGE IN BASEMENT. ENCREA AREA		
I hereby certify and swear under penalti	es of perjury that:	
1. the renewed license will be o	of the same type for the s	same premises now licensed;
2. the licensee has complied wi	th all laws of the Comm	onwealth relating to taxes; and
3. the premises are now open for	or business (If not explain	in below)
SIGNED BY		0.07
Individual, Partn	er or Authorized Corpor	rate Officer
DATE.		
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		(1000. 1101 marvidum social security runnoci)
Acts of 2004, signed by the building i	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		By:
		By:
DISAPPROVED:		By:



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LICENSE NUMBER: 08	30000132		CITY	OR TOWN	NEWTON	
APPLICATION FOR R	ENEWAL:	Annua	l	LICEN	ISED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: C	APITAL GRILL	E HOLDINGS				
DOING BUSINESS A	THE CAPITAL	GRILLE				
ADDRESS 250 BOYLS	TON ST					
CITY/TOWN: NEWTO	NC	STATE:	MA Z	IP CODE:	02467	
MANAGER: Silvestri	, Michael TY	PE OF LICENS	E:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		_
DESCRIPTION OF LIC	ENSED PREMI	ISES:				
THREE STORY BRICK ENTRANCE ON ROUT REAR						
I hereby certify and swea	ar under nenaltie	s of periury that				
•	license will be of			oremises now	licensed:	
	nas complied with	• 1	-			
	are now open for			_	,	
SIGNED BY						
Iı	ndividual, Partne	r or Authorized	Corporate O	fficer		
DATE:	TELEPHON	NE NUMBER:				TON NUMBER:
				(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building in	spector and the	head of the	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disappioved expiaili)						
						<del></del>
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 080000134		CITY OR TOWN	NEWTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: HIGHLAND	DER FARMS, INC.		
DOING BUSINES	S A HIGHLAN	DER FARMS		
ADDRESS 69 WA	LTHAM STRE	ET		
CITY/TOWN: NI	EWTON	STATE: MA	ZIP CODE:	02465
	PEZ, EDERICK E.	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PI	REMISES:		
WOODEN BLDG. STORAGE IN BA		AURANT ON THE FIRS	T FLOOR; KITCHE	N, OFFICES AND
3. the pren		en for business (If not exp		
DATE:	TELEI	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below:	٦			ING AUTHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	plain)			
DATE:				_



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LICENSE NUMBER: 080	0000138		CITY (	OR TOWN	NEWTON	
APPLICATION FOR RE	NEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: HYDOING BUSINESS A S						
ADDRESS 1138 BEACO	ON ST					
CITY/TOWN: NEWTO	N	STATE: N	MA ZII	P CODE:	02461	
MANAGER: CHUNG, HOON	JAE TYPE	OF LICENSE	::Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEBS	SITE AND ENTER YO	OUR EMAIL ADDR	RESS		
DESCRIPTION OF LICE						
STREET LEVEL WITH FOOD PREP AREA, RE RESTROOM						
3. the premises a SIGNED BY	as complied with all re now open for bu	usiness (If not	explain belo	w)	o taxes, and	
DATE:	TELEPHONE	NUMBER:	1)			ION NUMBER:
We the undersigned, at Acts of 2004, signed by named license and (2) the of 2010.	the building insp	ector and the	head of the	fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC. By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUM	ABER: 080000141		CITY OR TOWN NEWTO	N
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: RESTAURA	ANT ARTS, INC.		
DOING BUSIN	IESS A LUMIERE			
ADDRESS 129	3-1297 WASHING	TON ST		
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 02465	
	LEVITON, MICHAEL	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED P			
		H 88 SEATS AFTER 5:30 A ON ST AND SERVICE EN	ND 32 SEATS BEFORE 5:30 T IN REAR.	0
I hereby certify	and swear under pe	enalties of perjury that:		
1. the r	enewed license wil	l be of the same type for the	same premises now licensed;	
2. the la	icensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	d
3. the p	oremises are now or	oen for business (If not expla	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, s	signed by the build	ling inspector and the head	e certificate required by Cha l of the fire department for the	ne above
of 2010.	and (2) the certific	cate of liquor hability insu	rance required by Chapter 1	16 of the Acts
Please Check Belov	w:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUM	BEK: 080000143		CITY OR TOWN	NEWION	
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAM	ME: Savvas Iliades	3			
DOING BUSINE	ESS A FARM GRI	LL AND ROTISERIA			
ADDRESS 40 N	IEEDHAM ST				
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02461	
MANAGER: I	liades, Savas	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	EMISES:			
STORAGE. MA		LDG WITH FOOD PREP DHAM ST AND PARKIN LOUNGE			
2. the lic 3. the pr	censee has complied	be of the same type for the with all laws of the Common for business (If not explain	nonwealth relating to		
SIGNED BY	Individual, Pa	urtner or Authorized Corpo	rate Officer		
DATE:	TFI FP	HONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	12221	TOTAL TANKER	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, sig	gned by the buildi	e are in possession (1) the ng inspector and the head te of liquor liability insur	of the fire departr	nent for the	above
Please Check Below	<u>:</u>		LOCAL LICENS	ING AUTH	ORITY
APPROVED:	<u> </u>		By:		
DISAPPROVED (If disapproved e					
TF	. /				
DATE:					



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ADDI ICATION	IBER: 080000145		CITY OR TOWN NEWTO	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: IRISH RED	SOX LLC		
DOING BUSIN	ESS A MICK MOI	RGANS		
ADDRESS 118	NEEDHAM ST			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 02461	
	MORGAN, MICHAEL	TYPE OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PR			
		OOM AND PUB IN FROM NT,TWO IN REAR.	NT,KITCHEN AND OFFICE	IN REAR.
I hereby certify a	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	same premises now licensed;	
2. the li	censee has complied	d with all laws of the Com	nonwealth relating to taxes; ar	nd
3. the pr	remises are now ope	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Soci	ai Security Number)
	ionad attact that u			
Acts of 2004, si	igned by the buildi		e certificate required by Chad of the fire department for the rance required by Chapter 1	he above
Acts of 2004, si named license	igned by the buildi and (2) the certific	ng inspector and the head	d of the fire department for t	he above 116 of the Acts
Acts of 2004, sinamed license and 2010.  Please Check Below APPROVED:	igned by the buildi and (2) the certific	ng inspector and the head	d of the fire department for t rance required by Chapter 1	he above 116 of the Acts
Acts of 2004, sinamed license and 2010.  Please Check Below APPROVED: [DISAPPROVEI]	igned by the buildi and (2) the certific	ng inspector and the head	d of the fire department for the contract of the fire department for the contract of the fire department for the contract of the fire department for t	he above 116 of the Acts
Acts of 2004, sinamed license and 2010.  Please Check Below APPROVED:	igned by the buildi and (2) the certific	ng inspector and the head	d of the fire department for the contract of the fire department for the contract of the fire department for the contract of the fire department for t	he above 116 of the Acts
Acts of 2004, sinamed license and 2010.  Please Check Below APPROVED: [DISAPPROVEI]	igned by the buildi and (2) the certific	ng inspector and the head	d of the fire department for the contract of the fire department for the contract of the fire department for the contract of the fire department for t	he above 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 080000146		CITY OR TOWN NEWTON	
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEA	AR
	ME: THEPTHAI, SSS A JAMJULI T	INC. HAI RESTAURANT		
ADDRESS 1203	WALNUT ST			
CITY/TOWN: N	NEWTON	STATE: MA	ZIP CODE: 02461	
MANAGER: T	ABTIENG, UTHEERA	TYPE OF LICENSE: Resta		ine and alt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	OF LICENSED PR			
SPACE AND RE	ATROOMS. MAI		HEN, DINING FACILITIES, OFFICE RKING LOT AT REAR OF BLDG	
	emises are now ope	I with all laws of the Common for business (If not explain the common for business (If not explain the common for business) artner or Authorized Corporation.		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securi	
Acts of 2004, sig	ned by the building	ng inspector and the head	certificate required by Chapter 30 of the fire department for the aboance required by Chapter 116 of t	ve
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCAL LICENSING AUTHORITED By:	ΓΥ
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 080000147		CITY OR TOWN	NEWTON	
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	ISED FOR 20	13 YEAR
	: DOMLUC INC. S A VECCHIA ROMA ATERTOWN STREET				
CITY/TOWN: NE	WTON	STATE: MA	ZIP CODE:	02458	
MANAGER: CEF	RASANI, ANNA TYPE	OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDRESS		
FRONT ENTRANC ADJOINING SPAC I hereby certify and 1. the renev 2. the licen	E LICENSED PREMISES CE WATERTOWN ST, I CE ON MAIN FLOOR W swear under penalties of wed license will be of the see has complied with all ises are now open for bus	REAR EXIT TO TITH SECOND F perjury that: same type for the laws of the Com	e same premises now	OWN ST v licensed;	G.
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:		R IDENTIFICATION of the control of t	
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of liq	ctor and the hea	d of the fire depart	ment for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	Lain)		LOCAL LICEN By:	SING AUTHO	PRITY
DATE:			-		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 080000148	•	CITY OR TOWN	NEWTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: WABAN KI	TCHEN LLC			
DOING BUSIN	NESS A WABAN K	ITCHEN			
ADDRESS 164	49 BEACON				
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02468	
MANAGER:	FOURNIER, JEFFREY P.	TYPE OF LICENSE: Resta	nurant C.	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS		
-	N OF LICENSED PI				
STREET AND	AN EMPLOYEE E	F FLOOR SPACE WITH PU ENTRANCE AT THE REAR AGE, COOLER AND ACCE	APPROX.1,200 S		ON
1. the 12. the 1	renewed license will licensee has complie	nalties of perjury that: be of the same type for the set with all laws of the Commonen for business (If not explain	onwealth relating t		
SIGNED BY	Individual, F	Partner or Authorized Corpor	ate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social	
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur-	of the fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUI	MBEK: 080000149		CITY OR TOW.	N NEWTON
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BERTUCCI	'S RESTAURANT CORP		
DOING BUSI	NESS A BERTUCO	CIS BRICK OVEN PIZZA		
ADDRESS 300	0 BOYLSTON STR	EET		
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE:	02467
MANAGER:	MATTHEW, O'KEEFE	TYPE OF LICENSE:R	estaurant	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED P			
		12 SQFT WITH ONE BAI OOR PATIO AND ONE R		OOLS, ONE MAIN
				<del></del>
T.1 1	1 1	14. 6 . 4 .		<del></del>
• •	-	enalties of perjury that: I be of the same type for th	a sama promisas na	wy licanoad
		ed with all laws of the Con	•	
	-	en for business (If not exp	`	g to taxes, and
	F			
SIGNED BY				
	Individual, I	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT	Individual Social Security Number)
We the under	signed, attest that	we are in possession (1) t	he certificate requ	ired by Chapter 304 of the
		ing inspector and the he		
of 2010.	and (2) the certific	cate of fiquor fiability ins	surance required b	y Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICE	NSING AUTHORITY
APPROVED:			By:	NSING ACTIONITI
DISAPPROVE	ED:		-3.	
(If disapproved	l explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000151		CITY OR TOWN NEWTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	)13
	CLASS		YEAR
LICENSEE NAME: Cerqua, Inc			
DOING BUSINESS A Ristorante Ma	ria DiNapoli		
ADDRESS 344 WATERTOWN			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02458	
MANAGER: Ciolfi, Antonio	ΓΥΡΕ OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
FRONT ENTRANCE AT 344 WATE FT. AND BASEMENT IS FOR STOPPARKING LOT.			
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied v	vith all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open	for business (If not expla	nin below)	
SIGNED BY Individual, Part	tner or Authorized Corpo	orate Officer	
D ATTE			
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0800	000153		CITY OR TOWN	NEWTON	
APPLICATION FOR REN	IEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NEV	VTON CENTRE SA	LES, INC			
DOING BUSINESS A CE	NTRE WINE AND	SPIRITS			
ADDRESS 1247 CENTRE	EST				
CITY/TOWN: NEWTON	S	TATE: MA	ZIP CODE:	02459	
MANAGER: RUBEL, A	NNA TYPE OI	F LICENSE: Pac	ekage Store (	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICEN					
A SINGLE STORY BLDC ST AND REAR EXIT TO				NCE FROM C	CENTRE
2. the licensee has 3. the premises are SIGNED BY	ense will be of the sa complied with all la e now open for busin	ame type for the laws of the Commess (If not explain	nonwealth relating ain below)		
IIIQI	vidual, Partiler of A	umorizea Corpo	orate Officer		
DATE:	TELEPHONE NU	JMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:			<u>-</u>		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

Annual	LICENSED FOR 2	013
CLASS		YEAR
O, INC.		
NO		
T		
STATE: MA	ZIP CODE: 02461	
TYPE OF LICENSE: Pack	age Store CATEGORY:	All Alcohol
OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
REMISES:		
d with all laws of the Commo	onwealth relating to taxes; and	
artner or Authorized Corpora	ate Officer	
artner or Authorized Corpora	ate Officer	
artner or Authorized Corpora	ate Officer	
Partner or Authorized Corpora PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
	EMPLOYER IDENTIFICAT	Security Number)
	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	Security Number)
	EMPLOYER IDENTIFICATE (Note: NOT Individual Social S	Security Number)
	STATE: MA  TYPE OF LICENSE: Pack  OUR WEBSITE AND ENTER YOUR EMA REMISES: PACE AND APPROX. 500 S UT STREET AND EMERG.  nalties of perjury that: be of the same type for the s d with all laws of the Common	TO, INC.  NO  T  STATE: MA ZIP CODE: 02461  TYPE OF LICENSE: Package Store CATEGORY:  OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  REMISES: PACE AND APPROX. 500 SQ.FT BASEMENT STORAGE  UT STREET AND EMERGENCY EXIT AT BACK OF ST



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LICENSE NUMBER	R: 080000155		CITY	OR TOWN	NEWTON	
APPLICATION FOI	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	ST. PETERSBU	RG INTERNATIO	NAL FOOI	O, INC		
DOING BUSINESS	A CAFÉ ST. PET	ERSBURG				
ADDRESS 053-57 U	JNION ST					
CITY/TOWN: NEV	WTON	STATE: N	MA ZI	P CODE:	02459	
	ZINGER, T MILA	YPE OF LICENSE	E:Restaurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
		WEBSITE AND ENTER YO	OUR EMAIL ADD	RESS		
DESCRIPTION OF						
ON GROUND FLOO ENTRANCES OFF EMPLOYEE ENTR	THE PATIO, ONE	E EMPLOYEE EN				
2. the licens	ee has complied w	of the same type fo ith all laws of the C for business (If not	Commonwea	lth relating		
	Individual, Partr	ner or Authorized C	Corporate Of	ficer		
DATE:	TELEPHO	ONE NUMBER:	(1		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	inspector and the	head of the	fire depar	tment for the	above
Please Check Below:			LOC	CAL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	ain)					
(11 disappioved expir	<i>)</i>					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0800	00157	CITY OR TOWN	NEWTON
APPLICATION FOR REN	EWAL: Annual	LICENS	ED FOR 2013
	CLASS	}	YEAR
LICENSEE NAME: 1302 DOING BUSINESS A CO			
ADDRESS 1302 WASHIN	GTON STREET		
CITY/TOWN: NEWTON	STATE:	MA ZIP CODE:	02465
MANAGER: COMELLA PAUL	, JOHN TYPE OF LICENSI	E:Restaurant CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	NT W/ ONE FRONT ENTRAL EMPLOYEES & DELIVERY		EAR
SIGNED BY	now open for business (If not vidual, Partner or Authorized C		
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signed by th	st that we are in possession ( ne building inspector and the certificate of liquor liability	head of the fire departm	ent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 080000159		CITY OR TOWN	NEWTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME DOING BUSINES	S A Rice Valley F	*			
ADDRESS 817-82		CTATE. M	ZID CODE.	02460	
CITY/TOWN: NE		STATE: MA		02460	
MANAGER: Che	en, Zhong Hua	TYPE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
		UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF first floor restaurant and rear service ent	t with basement sto	orage and limited prepared	aration. Customer entra	ance on wash	ington st
2. the licen	see has complied	e of the same type for t with all laws of the Co of for business (If not ex	mmonwealth relating t		
SIGNED BY	Individual, Par	tner or Authorized Con	rporate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER:
Acts of 2004, sign	ed by the building	are in possession (1) g inspector and the ho te of liquor liability in	ead of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	080000161		CITY OR TOWN NEWTON	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	NEW CONCEPT	MART		
DOING BUSINESS A	NEWTON COR	NER MART		
ADDRESS 447 CENT	TRE STREET			
CITY/TOWN: NEW	TON	STATE: MA	ZIP CODE: 02458	
MANAGER: KONO	3, DAVID F. TY	PE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:		-		
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMI	SES:		
3 EXITS, ONE IN FR	ONT, ONE IN BA	CK TO THE PARKI	NG LOT, ONE ON THE SIDE	
I hereby certify and sv	vear under penaltie	s of perjury that:		
1. the renewe	d license will be of	the same type for the	same premises now licensed;	
2. the licenses	has complied with	h all laws of the Comm	nonwealth relating to taxes; and	
3. the premise	s are now open for	r business (If not expla	nin below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social	Security Number)
Please Check Below: APPROVED:			LOCAL LICENSING AUTH	ORITY
DISAPPROVED:	$\neg$		By:	
(If disapproved explai	_ n)			
(== disapproved emplai	/			
DATE:			_	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN NEWTON
nual LICENSED FOR 2013
ASS YEAR
C.
: MA ZIP CODE: 02459
NSE:Restaurant CATEGORY: Wine and Malt Regular
ER YOUR EMAIL ADDRESS
H A MAIN ENTRANCE ON BEACON STREET, RANCE OFF ALLEY BEHIND BUILDING AND ENT.
hat:
be for the same premises now licensed;
the Commonwealth relating to taxes; and
not explain below)
ed Corporate Officer
R: EMPLOYER IDENTIFICATION NUMBER:
(Note: <u>NOT</u> Individual Social Security Number)
on (1) the certificate required by Chapter 304 of the the head of the fire department for the above ility insurance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY
By:
<u></u>



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 080000163		CITY OR TOWN	NEWTON	
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAM	ME: BOSTON FOO	DDMART,LLC			
DOING BUSINE	ESS A BAZA				
ADDRESS 30 TO	OWER ROAD				
CITY/TOWN: 1	NEWTON	STATE: MA	ZIP CODE:	02459	
MANAGER: N	MATOV , ALEX	TYPE OF LICENSE: Pac	ekage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION (	OF LICENSED PRI	EMISES:			
		N FLOOR WITH MAIN I AR LEADING TO ALLE		OWER ROAI	D AND
	emises are now oper	with all laws of the Comr	ain below)	o taxes; and	
	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED:	<u>.</u>		LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED	): <u> </u>		<i>2 j</i> .		
(If disapproved e	xplain)				
DATE:					



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LICENSE NUMBER	:080000164		CITY OR TOWN	NEWTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	K.J.R. INC.			
DOING BUSINESS	A WEST STREET	ΓAVERN & RESTAU	JRANT	
ADDRESS 7 WEST	STREET			
CITY/TOWN: NEW	VTON	STATE: MA	ZIP CODE:	02458
MANAGER: ROCE B.	HE, JESSICA TYP	PE OF LICENSE: Rest	aurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
TO RIGHT OF THE STORAGEENTRA	BUILDINGFIRS' ANCE ON WEST ST	LDING WITH APPR I FLOOR FOR DINII IREET AT FRONT C CAN BE USED FOR	NG BASEMENT F OF BUILDING, RE	AR ENTRANCE IS
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the s	same premises now	licensed;
2. the license	ee has complied with	all laws of the Comm	onwealth relating t	o taxes; and
3. the premis	ses are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000165	<b>i</b>	CITY OR TOWN	NEWTON
APPLICATION FOR RENEWAL		LICEN	SED FOR 2013
LICENSEE NAME: GEREICE DOING BUSINESS A TEDESC ADDRESS 98 WINCHESTER			YEAR
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE:	02461
MANAGER: GEREICE, SALII	M TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		_	
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
RETAIL STORE ON 6,188 SQ. I FRONT ENTRANCE @99 WIN			
2. the licensee has compl	ill be of the same type for the ied with all laws of the Comppen for business (If not explanation)	monwealth relating to	
Individual	Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:		-	



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LICENSE NUM	IBER: 080000166		CITY OR TOW	N NEWTON	
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: LASELL VILLAGE	INC.			
DOING BUSIN	ESS A				
ADDRESS 120	SEMINARY AVENUE				
CITY/TOWN:	NEWTON	STATE: M	A ZIP CODE:	02466	
MANAGER:	MEGA, SHARI TYPE	OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMISE	S:			
SOLARIUM, PI	EMISES TO INCLUDE AL RIVATE DINING AND CA ROM CENTRAL CORRIC	FÉ ) LOCATE	D AT 120 SEMINAI	RY AVENUE V	WITH
I hereby certify a	and swear under penalties of	f perjury that:			
1. the re	enewed license will be of the	e same type for	the same premises no	ow licensed;	
	censee has complied with al			g to taxes; and	
3. the p	remises are now open for bu	isiness (If not e	xplain below)		
SIGNED BY	Indiadaal Dagaaaa	. A41 d C.	ome onte Office o		
	Individual, Partner or	Aumorizea Co	orporate Officer		
DATE.					
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT Individual Social S	
			(100. <u>1101</u>	marviduai Sociai s	security (varioer)
Acts of 2004, si	igned, attest that we are in igned by the building inspe and (2) the certificate of lie	ector and the h	ead of the fire depa	rtment for the	above
Please Check Below	<u>r:</u>		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI					
(If disapproved	expiain)				
			·		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 080000167		CITY	OR TOWN	NEWTON	
APPLICATION	FOR RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
DOING BUSIN	ME: D&PASIA IESS A AJI JAPAN WALNUT STREE	ESE RESTAURAN	T & SUSHI	BAR		
CITY/TOWN:		STATE:	ΜΔ 7	IP CODE:	02460	
	PENG YAO, WU	TYPE OF LICENS				All Alcohol
		TIPE OF LICEN.	oe. Restaurar	IL C.	ATEGORI.	All Alcohol
EMAIL ADDR		OUR WEBSITE AND ENTER	VOLID EMAIL AD	DDECC		
DESCRIPTION	OF LICENSED PR		YOUR EMAIL AD	DRESS		
ONE STORY C		EMISES WITH TW	O FRONT E	NTRANCES.	PREMISES	3
2. the la	icensee has complied	be of the same type d with all laws of the en for business (If no	Commonwe	alth relating t		
SIGNED BY	Individual, P	artner or Authorized	Corporate C	Officer		
DATE:	TELEF	PHONE NUMBER:		EMPLOYER (Note: NOT Inc		ION NUMBER:
Acts of 2004, s	igned by the buildi	ve are in possession ng inspector and th ate of liquor liabilit	e head of th	e fire depart	ment for the	above
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LO By:	CAL LICENS	SING AUTHO	ORITY
DATE:			<u> </u>			



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LICENSE NUM	BER: 080000168		CITY OR TOWN NEWTON	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	ME: SUSHI MAN	INC.		
DOING BUSINE	ESS A SUSHI MA	N		
ADDRESS 387	BOYLSTON STRI	BET		
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: E	ENGEL, LUCY	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PI			
	NCE AT 387 BOYI ON ONE FLOOR,		NTRANCE AT REAR OF BU	ILDING,
I hereby certify a	and swear under per	nalties of perjury that:		
1. the re	newed license will	be of the same type for the	same premises now licensed;	
2. the lie	censee has complie	d with all laws of the Comm	nonwealth relating to taxes; and	
3. the pr	remises are now op	en for business (If not expla	in below)	
SIGNED BY			0.00	
	Individual, P	artner or Authorized Corpo	rate Officer	
DATE:	mnx nx		EMBLOVED IDENTIFICA	TION NUMBER.
DITTE.	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sig	gned by the buildi	ng inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
of 2010.	mu (2) me cerome	are of inquot masmity misus	unice required by Shapter 11	o or the rices
Please Check Below	<u>.</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	explain)		_	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 080000169		CITY (	OR TOWN	NEWTON	
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	•			YEAR
	E: BLOOMINGD. SS A FORTY CAR.		NGDALE'S			
CITY/TOWN: N		STATE:	MA ZIP	CODE:	02459	
	LJA, JASENKO				ATEGORY:	All Alashal
		THE OF LICENSI			ATEGORI.	All Alcohol
EMAIL ADDRES		R WEBSITE AND ENTER Y	OUD EMAIL ADDD	TCC		
DESCRIPTION O	PLEASE ALSO VISIT OU OF LICENSED PRE		JUR EMAIL ADDRI	ESS		
PREMISES CONS	SISTS OF A CAFÉ PACITY FOR 79 P	WITHIN BLOOMI				ETHE
<ol> <li>the rene</li> <li>the lice</li> </ol>	d swear under penal ewed license will be ensee has complied v mises are now open	of the same type for with all laws of the C	Commonwealt	th relating to		
SIGNED BY	Individual, Part	tner or Authorized C	Corporate Off	icer		
DATE:	TELEPH	ONE NUMBER:	(N			ION NUMBER:
Acts of 2004, sign	ned, attest that we ned by the building ad (2) the certificate	inspector and the	head of the f	fire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCA By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER	::080000170		CITY OF	R TOWN	NEWTON	
APPLICATION FOR	R RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	PIE PIE LLC					
DOING BUSINESS	A B STREET					
ADDRESS 796 BEA	CON					
CITY/TOWN: NEW	VTON	STATE: N	IA ZIP C	CODE:	02459	
	LANSKY, TY EN G.	PE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDRESS	S		_
DESCRIPTION OF I						
FRONT ENTRANCI PUBLIC ENTRANC ALLEYBASEMEI	E AND ONE SERV	VICE ENTRANCI	E LEADING T			E
I hereby certify and s	wear under penaltie	es of perjury that:				
1. the renew	ed license will be of	f the same type for	the same pren	nises now	licensed;	
	ee has complied wit			_	taxes; and	
3. the premis	ses are now open fo	r business (If not e	explain below)			
SIGNED BY	Individual, Partne	er or Authorized C	orporate Office	er		
DATE:			_	TARLOVER	IDENTIFICATI	TON MIR CREP
DATE.	TELEPHO	NE NUMBER:				ION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and ( of 2010.	by the building ir	nspector and the l	head of the fir	e departn	nent for the	above
Please Check Below:			LOCAI	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	•••					
(If disapproved expla	III <i>)</i>					
DATE:						



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LICENSE NUMBI	ER: 080000171	•	CITY OR TOWN NEWTON	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	E: CENOLLI INC.			
DOING BUSINES	S A RAVIOLI'S BRIC	CK OVEN PIZZA		
ADDRESS 1134 B	BEACON STREET			
CITY/TOWN: NI	EWTON	STATE: MA	ZIP CODE: 02461	
MANAGER: CE	NOLLI, AUREL TYP	PE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	F LICENSED PREMIS			
	DRNER OF BEACON Γ AND EMERGENCY		D STREETSMAIN ENTRA PARKING LOT	NCE ON
I hereby certify and	l swear under penalties	of perjury that:		
1. the rene	wed license will be of	the same type for the s	ame premises now licensed;	
2. the licer	nsee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the pren	nises are now open for	business (If not explai	n below)	
SIGNED BY			0.07	
	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:			EMDLOWED IDENTIFICATI	EION NI IMPER
DATE.	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004, sign	ed by the building ins	spector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	olain)		-	<del></del>
DATE:				
•				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 08	0000172		CITY OR TOWN NEWTON	
APPLICATION FOR RE	ENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: TH	HIRD EYE VENT	TURES LLC		
DOING BUSINESS A T	THE ORGANIC T	TABLE .		
ADDRESS 292 CENTRI	E			
CITY/TOWN: NEWTO	ON	STATE: MA	ZIP CODE: 02459	
MANAGER: CANNIF	F, EMILY TYP	E OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTION OF LICE	ENSED PREMIS	ES:		
	FERSON ST. AN		OCATED ON THE CORNER OF ALLEYWAY BEHIND BLDG.	
I hereby certify and swea	r under penalties	of perjury that:		
1. the renewed li	cense will be of t	he same type for the	same premises now licensed;	
2. the licensee ha	as complied with	all laws of the Comr	nonwealth relating to taxes; and	
3. the premises a	are now open for l	ousiness (If not expla	ain below)	
SIGNED BY In	dividual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by	the building ins	pector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)			-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 080000173		CITY OR TOWN	NEWTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	ERIK'S PIZZA & V A ERIK'S PIZZA &	WINGS			
ADDRESS 549 CO	MMONWEALTH AV	/ENUE			
CITY/TOWN: NEV	WTON	STATE: MA	ZIP CODE:	02459	
MANAGER: RUZ AN	AN,GASPARY TYF	PE OF LICENSE: Re	estaurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
549 COMMONWEA I hereby certify and s 1. the renew 2. the licens	LICENSED PREMISALTH AVENUE swear under penalties yed license will be of the last complied with uses are now open for	SES:  of perjury that: the same type for the all laws of the Com-	e same premises now monwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and the hea	d of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 080000174		CITY	OR TOWN	NEWTON	
APPLICATION FOI	R RENEWAL:	Annu	al	LICENS	SED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NAME:						
DOING BUSINESS	A BOCCA BELLA	CAFÉ & BIST	ľRO			
ADDRESS 442 LEX	KINGTON					
CITY/TOWN: NEV	WTON	STATE:	MA Z	IP CODE:	02459	
MANAGER: ANT	HONY, VEGA TY	PE OF LICEN	SE:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL ADI	DRESS		I
DESCRIPTION OF	LICENSED PREMI	SES:				
PREMISES IS A ON ENTRANCES	NE-LEVEL STREET	LEVEL STOR	RE FRONT W	VITH FRONT	AND SIDE	REAR
I hereby certify and s	swear under penaltie	s of perjury tha	t:			
	red license will be of		_	-		
	ee has complied with			•	taxes; and	
3. the premi	ses are now open for	business (If no	ot explain belo	ow)		
SIGNED BY						
SIGNED B I	Individual, Partne	r or Authorized	Corporate O	fficer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			•	(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and th	e head of the	e fire departr	nent for the	above
Please Check Below:			LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	nin)					
(If disapproved expla	aiii <i>)</i>					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 080000175		CITY OR TOWN	NEWTON	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A				
ADDRESS					
CITY/TOWN: NEV	VTON	STATE: MA	ZIP CODE:	02459	
MANAGER:	TY	PE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMI	ISES:			
I hereby certify and s	wear under penaltie	s of perjury that:			
1. the renew	ed license will be of	f the same type for the	same premises now	licensed;	
2. the license	ee has complied with	h all laws of the Comm	nonwealth relating to	o taxes; and	
3. the premis	ses are now open for	r business (If not expla	ain below)		
SIGNED BY	Individual Partna	er or Authorized Corpo	vroto Officar		
	marviduai, Farme	1 of Authorized Corpc	orate Officer		
DATE:	TELEDIJON		EMPI OVER	R IDENTIFICAT	ION NUMBER:
	TELEPHOR	NE NUMBER:	(Note: NOT Ind		
Acts of 2004, signed	d by the building in	e in possession (1) the aspector and the head of liquor liability insu	l of the fire departr	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111 <i>)</i>				
			-		
DATE:					
DITTE.					



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LICENSE NUMBER	C: 080000176		CITY OR TOWN	NEWTON
APPLICATION FOI	R RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CHIPOTLE MEX	KICAN GRILL OF COI	LORADO,LLC	
DOING BUSINESS	A CHIPOTLE ME	EXICAN GRILL		
ADDRESS 300 NEE	EDHAM			
CITY/TOWN: NEV	VTON	STATE: MA	ZIP CODE:	02459
MANAGER: NOR	TON,NICHOL TY	PE OF LICENSE: Res	taurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
TOWARD NEEDHA BLDG.FACING PA	AM ST,2ND IS A S RKING LOT,SERV	SINGLE DOOR LOCA	FED ON NORTH ENCLOSED PAT	TIO 3RD IS A SINGLE
I hereby certify and s	swear under penaltie	es of perjury that:		
		f the same type for the	-	
	-	th all laws of the Comm	•	to taxes; and
3. the premi	ses are now open fo	or business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed	d by the building i	nspector and the head	of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	SING AUTHORITY
(If disapproved expla	ain)			
DATE:				



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LICENSE NUMBE	R: 080000177		CITY (	OR TOWN	NEWTON	
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1 BOYI		L COMELLAS LI	.C			
CITY/TOWN: NE		STATE: M	IA ZIF	P CODE:	02459	
MANAGER: OSL		PE OF LICENSE:			CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	UR EMAIL ADDR	EESS		
	LICENSED PREMI					
FRONT AND REAL NO BASEMENT.	R EGRESS. KITCHI	EN ON FIRST FL	OOR,HANI	DICAP BA	ATHROOM O	N FIRST
	swear under penaltie	s of perjury that:				
2. the licens	wed license will be of see has complied with ises are now open for	h all laws of the Co	ommonweal	th relating		
SIGNED BY	Individual, Partne	r or Authorized Co	orporate Off	ficer		
DATE:	TELEPHON	NE NUMBER:	(N		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate o	spector and the l	nead of the	fire depar	tment for the	above
Please Check Below:			LOCA	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [ (If disapproved expl	ain)					
DATE:						



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LICENSE NUMBER: 080000178		CITY OR TOWN NEWTO	ON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: DAIKANYAM			
DOING BUSINESS A DAIKANYA	MA AT BLOOMINGDAI	LE'S	
ADDRESS 225 BOYLSTON STREE	ΞT		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: CHOW, FENG HUA	TYPE OF LICENSE: Rest	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRI	EMISES:		
2500 SQ FTFIRST FLOOR SPACE JAPANESE CUISINE RESTAURA! CHESTNUT HILL MALL, ONE OF RESTAURANTONE CONVENIE	NTTWO EXITS TO BO WHICH IS ALSO THE E	YLSTON STREET SIDE OI NTRNCE INTO THE	F
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the s	ame premises now licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; an	nd
3. the premises are now open	n for business (If not explain	n below)	
SIGNED BY Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	al Security Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	g inspector and the head	of the fire department for t	he above
Please Check Below:  APPROVED:   DISAPPROVED:   (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUI	MBER: 080000179	(	CITY OR TOWN NEWTO	ON	
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	AME: THE PAINT BAR	LLC			
DOING BUSI	NESS A THE PAINT BA	R			
ADDRESS 82	3 WASHINGTON STREE	ET			
CITY/TOWN:	NEWTON	STATE: MA	ZIP CODE: 02459		
MANAGER:	SCHON, JILL TY KERNER	PE OF LICENSE: Gene prem		Y: Wine and Malt Regular	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTIO	N OF LICENSED PREMI	SES:			
ENTRANCE I		LEY, AND ENTRANC	E ON WASHINGTON ST. F E TO BASEMENT FROM I GE IN BASEMENT.		
I hereby certify	and swear under penalties	s of perjury that:			
1. the	renewed license will be of	the same type for the same	ame premises now licensed;		
	=		onwealth relating to taxes; an	ıd	
3. the	premises are now open for	business (If not explain	n below)		
SIGNED BY					
SIGNED DI	Individual, Partne	r or Authorized Corpora	ate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:	
			(Note: NOT Individual Soci	al Security Number)	
Acts of 2004,	signed by the building in	spector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above	
Please Check Belo			LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	· Capiumi,				
DATE:					



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LICENSE NUMBER: 080000180		CITY OR TOWN	NEWTON
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DELUXE STATI			
ADDRESS 70 UNION STREET			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE:	02459
MANAGER: LEVY, DONALD TY	YPE OF LICENSE: Re	staurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:	_		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM THE ENTIRE BUILDING KNOWN A 90 SEAT RESTAURANT WITH THRI ACCESSIBLE	S NEWTON CTR T S		
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	of the same type for the	e same premises now lie	censed;
2. the licensee has complied wi		•	axes; and
3. the premises are now open for	or business (If not expl	ain below)	
SIGNED BY Individual, Partne	er or Authorized Corp	orate Officer	
DATE: TELEPHO	NE NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	nspector and the hea	d of the fire departme	ent for the above
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSIN By:	NG AUTHORITY
(If disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 080000181		CITY OR TOWN	NEWTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: DEPASQUA	ALE'S GOURMTE FOOI	DS AND LIQUOR		
DOING BUSIN	NESS A DEPASQU	JALE'S GOURMET FOO	ODS AND LIQUOR		
ADDRESS 241	I ADAMS STREET				
CITY/TOWN:	NEWTON	STATE: M	A ZIP CODE:	02459	
MANAGER:	DEPASQUALE, STEPHEN C.	TYPE OF LICENSE:	Package Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	N OF LICENSED P				
$200\;\mathrm{SQ}\;\mathrm{FT}\;\mathrm{OF}$	KITCHEN/FOOD I	ILDING COMPRISED ( PREP SPACEFRONT REAR EXIT TO ALLEY	ENTRANCE AT CO	RNER OF AI	
I hereby certify	and swear under pe	nalties of perjury that:			
1. the 1	renewed license will	be of the same type for t	the same premises nov	w licensed;	
2. the 1	licensee has complie	ed with all laws of the Co	mmonwealth relating	to taxes; and	
3. the 1	premises are now op	en for business (If not ex	xplain below)		
SIGNED BY	T 1' ' 1 1 T		OSS		
	Individual, F	Partner or Authorized Co	rporate Officer		
DATE:			EMBLOVE	ED IDENTIFICAT	CION NILIMBED.
DATE.	TELE	PHONE NUMBER:			GION NUMBER: Security Number)
					,
Please Check Belo	ow:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	Capiani)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 080000183		CITY OR TOWN	NEWTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	WALNUT CAFÉ INC A CHRISTINA'S CAF	,		
ADDRESS 1203 W	ALNUT STREET			
CITY/TOWN: NE	WTON	STATE: MA	ZIP CODE:	02459
MANAGER: ORC ANC	GANTZIDIS, TYPE GELO PATSIOS	OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES	S:		
	ESTAURANT WITH A TO REAR PARKING I		Q FT OF SPACEF	RONT ENTRANC
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with all ises are now open for bus	same type for the laws of the Com	nmonwealth relating	
SIGNED BY	Individual, Partner or	Authorized Corp	oorate Officer	
DATE:	TELEPHONE N	NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	d by the building inspe	ctor and the hea	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICEN: By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER: 08000018	4	CITY OR TOWN NEWTON	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MACKY	BROWN		
DOING BUSINESS A MAX A	ND LEO'S ARTISAN PIZZA		
ADDRESS 325 WASHINGTON	N STREET		
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: CANDIDUS, PANTALEON	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED			
750 SQ FT WITH BASEMENT BATHROOMS;	; FRONT AND REAR ENTRA	ANCE/EXITS; PUBLIC HAND	ICAP
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	same premises now licensed;	
2. the licensee has comp	olied with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	in below)	
SIGNED BY			
Individua	l, Partner or Authorized Corpo	rate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the cert of 2010.	ilding inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER:	080000185		CITY OR TOWN	NEWION	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	STRONGBOX 7	TWO CORP.			
DOING BUSINESS A	ROX DINER				
ADDRESS 335 WAL	NUT STREET				
CITY/TOWN: NEW	TON	STATE: MA	ZIP CODE:	02459	
MANAGER: LOUD		YPE OF LICENSE: Res	taurant	CATEGORY:	Wine and
WAINAOLK. LOOL	ERDACK 1	TTE OF EICENSE.RCS	tauram	CATLOOKI.	Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	MISES:			
APPROX 1,880 SQ F	T ON THE GRO	UND FLOOR OF A ON	E-STORY MAS	ONRY BUILD	DING.
		UT STREET AND REA			
		ITCHEN, DINING ARI K-IN FREEZER AND S			1
I hereby certify and sw			TORAGE IN BA	ASEMIENT	
• •	•	of the same type for the	same premises no	w licensed:	
		ith all laws of the Comm	-		
	-	or business (If not expla	-	, to taxes, and	
3. the premise	a are now open r	or outsiness (if not expla	iii ociow)		
CICNED DV					
SIGNED BY	Individual, Partr	er or Authorized Corpo	rate Officer		
DATE:	TELEDIA		FMPI OV	ER IDENTIFICAT	ΓΙΟΝ NI IMRER·
	TELEPHC	ONE NUMBER:		Individual Social S	
			` <del></del>		
		re in possession (1) the			
		inspector and the head			
of 2010.	i) the certificate	of liquor liability insur	ance required b	y Cnapter 110	o of the Acts
Please Check Below:			LOCAL LICEN	ICING ALITH	ODITV
APPROVED:			By:	NSIING AUTH	OKITI
DISAPPROVED:			By.		
(If disapproved explain	n)				
	•				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 080000186	C	TY OR TOWN NEWTO	N
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NEEDHAM STREE	T RESTAURANT GR	OUP LLC	
DOING BUSINESS A JONATHAN'S BA	R & GRILLE		
ADDRESS 215 NEEDHAM STREET			
CITY/TOWN: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER: CIRAS, TYPE ELIZABETH	E OF LICENSE: Restau	care care care care care care care care	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB		ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
APPROX. 3200 SQ FT ON THE GROUNI		ENTRANCE ON THE SO	UTH SIDE
I hereby certify and swear under penalties of the renewed license will be of the		ma promisas noveligansad:	
2. the licensee has complied with a		_	İ
3. the premises are now open for b		•	•
SIGNED BY		<u> </u>	
	or Authorized Corporat		
Individual, Partner o			
	or Authorized Corporat	e Officer  EMPLOYER IDENTIFICA	
Individual, Partner o	or Authorized Corporat	e Officer	
Individual, Partner o	or Authorized Corporate  NUMBER:  n possession (1) the corporate	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap	Security Number) oter 304 of the ne above
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li	or Authorized Corporate  NUMBER:  n possession (1) the corporate of the posterior and the head of the iquor liability insurance.	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap	oter 304 of the ne above 16 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of life of 2010.  Please Check Below:  APPROVED:	or Authorized Corporate  NUMBER:  n possession (1) the conceptor and the head of iquor liability insuran	EMPLOYER IDENTIFICATION (Note: NOT Individual Social extificate required by Chapter 1: the fire department for the continuous of the required by Chapter 1: the required by Chapter 1: the fire department for the continuous continuou	oter 304 of the ne above 16 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010.  Please Check Below: APPROVED:	or Authorized Corporate  NUMBER:  n possession (1) the conceptor and the head of iquor liability insuran	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap the fire department for the nce required by Chapter 1:	oter 304 of the ne above 16 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of life of 2010.  Please Check Below:  APPROVED:	or Authorized Corporate  NUMBER:  n possession (1) the conceptor and the head of iquor liability insuran	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap the fire department for the nce required by Chapter 1:	oter 304 of the ne above 16 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of lit of 2010.  Please Check Below: APPROVED:	or Authorized Corporate  NUMBER:  n possession (1) the conceptor and the head of iquor liability insuran	EMPLOYER IDENTIFICA (Note: NOT Individual Social ertificate required by Chap the fire department for the nce required by Chapter 1:	oter 304 of the ne above 16 of the Acts



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LICENSE NUMBER	R: 080000187		CITY OR TOWN	NEWTON	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS		NES MA LLC			
CITY/TOWN: NEV	VTON	STATE: MA	ZIP CODE:	02459	
MANAGER:		TYPE OF LICENSE: P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
2. the licens	ee has complied veses are now open	e of the same type for the with all laws of the Corfor business (If not ex	nmonwealth relating to		
	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED I	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NU	MBER: 080000188		CITY OR TOWN NEWTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N	AME: ANSONIA W	VINES MA LLC		
DOING BUSI	NESS A ANSONIA	WINES		
ADDRESS 43	7 NEWTONVILLE A	AVENUE		
CITY/TOWN	: NEWTON	STATE: MA	ZIP CODE: 02459	
MANAGER:	WILCOX, THOMAS M	TYPE OF LICENSE: Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	_
DESCRIPTIO	N OF LICENSED PR	EMISES:		
PREMISES A AND THERE OPENING ON	RE ENTERED FROM IS A SECONDARY INTO THE EASTSIDE	A A SET OF STAIRS ON EXIT THROUGH A SET	7 NEWTONVILLE AVENUE. T THE NORTHSIDE OF THE BU OF STAIRS ALONG THE EAS HERE ARE STORAGE ROOMS KITCHENETTE.	JILDING; T WALL,
I hereby certif	y and swear under pen	alties of perjury that:		
•	*		e same premises now licensed;	
2. the	licensee has complied	l with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	Security Number)
Please Check Bel			LOCAL LICENSING AUTH	ORITY
APPROVED: DISAPPROVE			By:	
(If disapprove				
Training	r · · /		_	
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)80000189		CITY (	OR TOWN	1 NEWTON	
APPLICATION FOR I	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	WALTHAM PUB	SINC				
DOING BUSINESS A	JOHN BREWER	'S TAVERN/BRE	WER'S CO	ALITION		
ADDRESS 344 WALN	NUT STREET					
CITY/TOWN: NEWT	ΓΟΝ	STATE: M	A ZII	P CODE:	02459	
MANAGER: HONE WILLI	/	PE OF LICENSE:	Restaurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDR	RESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:				
APPROX. 2400 SQ.FT STREET, REAR EXIT WASHINGTON PARE	TO ALLEYWAY	LOCATED BEH	IIND THE	BUILDIN		
I hereby certify and swe	ear under penalties	of perjury that:				
1. the renewed	l license will be of	the same type for	the same pr	emises nov	w licensed;	
2. the licensee	has complied with	all laws of the Co	mmonweal	th relating	to taxes; and	
3. the premises	s are now open for	business (If not ex	xplain belov	w)		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Off	ficer		
DATE:	TELEDIJON	E MUMBED.	L	EMPI OVE	ER IDENTIFICAT	TION NUMBER:
DITTE.	TELEPHON	E NUMBER:	(N			Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	by the building ins	spector and the h	ead of the	fire depar	tment for the	above
Please Check Below:			LOC	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	.)					
DATE:						



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LICENSE NUMBE	2K: 080000191		C	IY OK TOWN	NEWION	
APPLICATION FO	OR RENEWAL:	Annu	ıal	LICEN	NSED FOR 20	)13
		CLA	SS			YEAR
DOING BUSINESS	S A					
ADDRESS 755 BE						
CITY/TOWN: NE	EWTON	STATE:	MA	ZIP CODE:	02459	
MANAGER: PU	NCH, DAVID	ΓΥΡΕ OF LICEN	SE:Restau	rant C	CATEGORY:	All Alcohol
2. the licen	PLEASE ALSO VISIT OU F LICENSED PRE 5 BEACON STREE ACON STREET, II WITH TWO ENT	MISES: ET, NEWTON CINCLUDED IS THE TRANCES ON BIT ties of perjury that of the same type with all laws of the	ENTRE, WHE STORE EACON S'  at: for the sar	VHERE LANGIE FRONT PREMITEET AND TO	MISES, FIRST WO EXITS II v licensed;	
SIGNED BY	Individual, Part	ener or Authorized	l Corporat	e Officer		
DATE:	TELEPH	ONE NUMBER:			R IDENTIFICAT	
We the undersign Acts of 2004, sign named license and of 2010.	ed by the building	inspector and tl	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  lain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:						
APPLICATION FOR RENI	EWAL MUST BE FILED I	BY LICENSEES DURIN	G THE MONT	'H OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 080000192		CITY OR TOWN NEWTON				
APPLICATION	N FOR RENEWAL:	Annua	ıl	LICENSED FOR 20		013	
		CLAS	S			YEAR	
DOING BUSIN	AME: EDAMAME NESS A EDAMAM 8 CALIFORNIA ST	, INC E ASIAN CUISINE					
CITY/TOWN:		STATE:	MA ZIP CO	ODE:	02459		
MANAGER:	WONG, LALYU	TYPE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol	
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS			Į	
FIRST FLOOR	N OF LICENSED PI R, 2948 SF WITH A AND ONE EXIT	REMISES: DINING ROOM, KI	TCHEN, RESTRO	OOMS S	TORAGE A	ND ON	
2. the l	licensee has complie premises are now op	be of the same type f d with all laws of the en for business (If no Partner or Authorized	Commonwealth retexplain below)	elating to			
DATE:				EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number			
Acts of 2004,	signed by the build	we are in possession ing inspector and the cate of liquor liability	e head of the fire	departn	nent for the	above	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL By:	LICENS	ING AUTHO	DRITY	
DATE:							